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WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held Virtually on **MONDAY 21 SEPTEMBER 2020** AT **7.00 PM**

Susan Parsonage
Chief Executive
Published on 11 September 2020

The role of Overview and Scrutiny is to provide independent “critical friend” challenge and to work with the Council’s Executive and other public service providers for the benefit of the public. The Committee considers submissions from a range of sources and reaches conclusions based on the weight of evidence – not on party political grounds.

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The Health Overview and Scrutiny Committee aims to focus on:

- The promotion of public health and patient care
- The needs and interests of Wokingham Borough
- The performance of local NHS Trusts

MEMBERSHIP OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillors

Ken Miall (Chairman)	Abdul Loyes (Vice-Chairman)	Rachel Bishop-Firth
Jenny Cheng	Guy Grandison	Clive Jones
Adrian Mather	Alison Swaddle	Jim Frewin
Barrie Patman		

Substitutes

Gary Cowan	David Hare	Emma Hobbs
Tahir Maher	Malcolm Richards	

ITEM NO.	WARD	SUBJECT	PAGE NO.
13.		**APOLOGIES** To receive any apologies for absence.	
14.		**MINUTES OF PREVIOUS MEETING** To confirm the Minutes of the Meeting held on 13 July 2020.	**5 - 12**
15.		**DECLARATION OF INTEREST** To receive any declarations of interest.	
16.		**PUBLIC QUESTION TIME** To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this committee. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions	
17.		**MEMBER QUESTION TIME** To answer any member questions	
18.	None Specific	**PHARMACY SERVICES** To receive an update on pharmacy services.	**13 - 18**
19.	None Specific	**DENTAL SERVICES** To receive and consider a report detailing the provision of dental services in the Borough during the Covid-19 pandemic.	**19 - 34**

20.	None Specific	**BUILDING BERKSHIRE TOGETHER - HOSPITAL BUILDING PROGRAMME** To receive a presentation on Building Berkshire Together - hospital building programme.	**35 - 44**
21.	None Specific	**UPDATE ON WORK OF HEALTHWATCH WOKINGHAM BOROUGH** To receive an update on the work of Healthwatch Wokingham Borough.	**To Follow**
22.	None Specific	**FORWARD PROGRAMME** To consider the forward programme for the remainder of the municipal year.	**45 - 52**

Any other items which the Chairman decides are urgent
A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading.

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MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 13 JULY 2020 FROM 7.00 PM TO 9.10 PM

Committee Members Present
Councillors: Abdul Loyes (Vice-Chairman, in the Chair), Rachel Bishop-Firth, Jenny Cheng, Guy Grandison, Clive Jones, Adrian Mather, Alison Swaddle, Jim Frewin, Barrie Patman and Malcolm Richards (substituting Ken Miall)

Others Present
Nick Durman, Healthwatch Wokingham
Charles Margetts
Jim Stockley, Healthwatch Wokingham
Madeleine Shopland, Democratic & Electoral Services Specialist
Graham Ebers, Deputy Chief Executive
Matt Pope, Director Adult Services

5. APOLOGIES
An apology for absence was submitted from Councillor Ken Miall.

6. MINUTES OF PREVIOUS MEETING
The Minutes of the meeting of the Committee held on 20 January 2020 were confirmed as a correct record and would be signed by the Chairman at a future date.

7. DECLARATION OF INTEREST
Councillor Bishop-Firth declared a Personal Interest in Item 10 Council's Response to the Covid 19 pandemic – Care Homes, on the ground that her father in law was in a care home within the Borough.

8. PUBLIC QUESTION TIME
In accordance with the agreed procedure, the Chairman invited members of the public to submit questions to the appropriate Members.

8.1 Tony Lloyd asked the Chairman of the Health Overview & Scrutiny Committee the following question which was answered by the Director Adult Services:

Question
What do Councillors feel has been the impact of the ban on visiting care homes on the residents, staff and relatives and have there been examples of exemplary practice that should be encouraged in the future?

Answer:
This has been a really difficult time not being able to visit in care homes for friends, relatives and staff, and it has been really tough. What we have learnt through this period is that restriction of movement in and out of care homes has been a really important factor in terms of controlling the spread of the virus. Although that has been a really difficult sacrifice for people to make, it has been a really important measure as part of infection control. But there have been some examples of good practice, especially now as things are beginning to open up a bit more. The use of technology; care homes have worked really hard to use technology, to have video calls and the like with residents; window visits, I think people have seen a lot of that in the media; special rooms; entrances through different entrances; garden visits, all of those things. There have been really good levels

of innovation in our care homes. They have worked really hard to not keep the isolation going as long as possible. One of the things we are doing at the moment is working really hard with our Task Force and our care homes to gather up those safe visiting and different ways of visiting and getting in contact methods. We are putting them currently into a guidance, which I have seen a draft of this morning, which is actually hopefully going to go out a bit later to care homes, to give them some more advice. One of the things we do not have is any government guidance on safe visiting, which we are still waiting for. We know it is an important issue to address. I can give you a full written answer, and we will get that to you afterwards but hopefully, verbally, that answers your question and reassures you to where the position is currently.

Supplementary Question:
I wondered whether Councillors would consider some sort of recognition of the heroism of some of the staff and GP's in the early stages of this outbreak?

Supplementary Answer which was provided by Councillor Margetts:
Yes, I absolutely agree with you. Basically there are people, staff, who are working in the care homes, who have gone above and beyond the call of duty and have been put in a really, really difficult position, so that is something that we are actively discussing at the moment, as to what is the best way to actually recognise that. I fully agree.

9. MEMBER QUESTION TIME

There were no Member questions.

10. COVID 19 PANDEMIC - COUNCIL'S RESPONSE - CARE HOMES

The Committee received a presentation on the Council's response to the Covid 19 pandemic with regards to care homes.

During the discussion of this item, the following points were made:

- Councillor Loyes reminded the Committee that the scrutiny of the Council's response to the pandemic with regards to care homes, had been delegated by the Overview and Scrutiny Management Committee. He highlighted possible key lines of enquiry.
- Graham Ebers, Deputy Chief Executive, emphasised that it was an ever changing and highly intense period. He expressed sympathy for those who had sadly died and their families. He indicated that he appreciated the huge amount of work that care homes had undertaken and were still undertaking. They had worked well with the Council and Adult Social Care. Graham Ebers went on to state that there had been an early recognition of the need for support to care homes. Officers had been phoning providers on Good Friday, asking what support they needed.
- Graham Ebers informed Members that 100 staff across the Council had been redeployed to Adult Social Care to assist in the Council's response. The Council had responded as well as it could at the time.
- The whole system was complex. The Council did not have direct control over the majority of the care homes and could only offer mutual aid and support.
- Supporting the Borough's care providers were one of the Gold Team's main goals.
- Graham Ebers suggested that scrutiny focus more on areas that the Council had greater influence over.
- Matt Pope, Director Adult Services, provided an overview of the Council's response thus far regarding care homes.

- He explained the different type of care homes. The Borough had 52 care homes. 95% of care homes in the Borough inspected by the Care Quality Commission had been rated 'good' or 'outstanding.' 23 of the care homes were Older Peoples Care Home and 28 were smaller care homes for residents with a Learning Disability.
- There were 1,352 Care Home Beds in Wokingham. Approximately 25% of residents were funded by the Council and approximately 75% were self-funded.
- Members were informed that the majority of care homes in the Borough were run by private or voluntary sector service providers. Optalis operated one care home, Suffolk Lodge. There were complexities around the nature of the privatised care home market and how that affected all the various interfaces. Care Homes were autonomous with their own policies, governance and staff, and varied in size, quality and associated cost.
- The type and layout of a care home could have an impact on the home's ability to manage an outbreak and for infection control purposes.
- Matt Pope took the Committee through a high-level timeline of the Council's approach.
- On 19 March, Central Government had issued guidance that hospital discharge be expedited. At the time, there had been a fear that hospitals would be overwhelmed. Testing had been an issue. Routine testing out of the Royal Berkshire Hospital had not begun until 17 April.
- Members were informed that the Council's Task Force had taken the position not to take care home residents from hospital until they had been tested.
- The Office of National Statistics published data every week on Covid 19 related deaths in care homes across the country. Much of local intelligence came from staff working closely with the care homes.
- Matt Pope referred to the Covid 19 deaths in care homes information. This was where the death certificate data mentioned Covid 19. However, this could vary between surgeries and across the country. With regards to the all-cause mortality rate, Wokingham had one of the lowest rates compared to the other Berkshire authorities.
- Matt Pope felt that the all-cause mortality statistics were more helpful. Between 1 January and 19 June, there was a rate of 163 deaths per 1,000 care home beds in the Borough. The death rate was steadily decreasing and was now below the usual death rate for this time of year.
- Matt Pope outlined some of the challenges that had been faced by the care homes and adult social care.
    - Hospital Discharge requirements and the expectation that discharge from hospital would happen within 2 hours 7 days a week. The implication of this on the sector had been exacerbated by the lack of comprehensive testing prior to discharge until mid April.
    - Access to adequate PPE - Initially the NHS had been prioritised over care homes and other care settings. There had been a lack of centralised distribution and an insufficient supply chain to meet demand. Guidance had been confusing and changed quickly.
    - Access to testing - Guidance had said that negative tests were not required prior to transfers / admissions into the care home. Access to testing had been disjointed and inconsistent and there were still gaps in some of the testing required which was due to be rectified over the summer.
- Adult Social Care had been proactive in supporting the care sector and had been working with the care homes to facilitate mutual aid across the sector. The Council had extended its offer to support the sector, beyond statutory requirements. This had included an improved funding deal for care homes it contracted with,

prepayments to support with cash flow plus the ability to apply for additional temporary funding. Regular advice and guidance was also available and help had been provided with regards to sourcing PPE. Wokingham had been one of the most proactive Boroughs in buying PPE, sourcing over 390,000 pieces of PPE.

- Other examples of support provided to the care homes included the testing of staff with symptoms, an emergency infection control hotline and spiritual and emotional support for staff via the Community Hub.
- Locally, a protocol and Care Homes Task Force had been established with health and social care colleagues. It worked proactively with the care homes to prevent the spread of Covid-19, assessed and supported their readiness to take and manage positive cases and ensured that they received all the support they needed. Matt Pope briefly outlined the four phases that the Task Force worked to.
- On 14 May, the Minister of State for Care had written to all local authorities seeking assurance that the social care system was taking all possible steps to stop the spread of Covid-19. The Council had coordinated a Health and Social Care Plan submission which had been completed on 29 May 2020. It had been assured and highlighted as an example of good practice.
- Financial Support to the sector had included;
    - Service Sustainability Fund;
    - Adult Social Care Infection Control Grant;
    - Extended capacity in domiciliary care, care homes and reablement services.
- The total spent by the Council to date on supporting providers in response to Covid 19 was approximately £2.9m
- Members were reminded that the pandemic was not over yet and that further outbreaks in the care homes were not unlikely. The Care Home Taskforce would continue and expand to include all adult social care provision, such as day centres.
- Councillor Bishop-Firth asked Matt Pope how well he felt the UK had dealt with the pandemic in comparison to other countries and whether earlier testing would have made a difference. Matt Pope responded that it was difficult to compare countries responses for a variety of reasons. However, early testing was vital and made a difference.
- Members commended the decision taken to refuse to take residents back into care homes from hospital, unless they had tested for Covid 19, prior to government guidance on this.
- Councillor Frewin emphasised the need for lessons learnt.
- Councillor Grandison asked for information on the work of the Task Force and if other authorities had adopted the approach taken by the Council. Matt Pope indicated that the protocol about hospital discharges that the Task Force had adopted had also been adopted across Berkshire West and had been circulated as an example of good practice across the South East. With regards to specific action, he referred to the giving of advice on PPE and ensuring infection control, for example the use of disposable mop heads for cleaning.
- Councillor Jones commented that the Wokingham Borough Council staff had done a fantastic job in dealing with the pandemic; those who had been redeployed, those who had helped in the food hub based at St Crispin's School, and those assisting the care homes. He proposed that the Committee formally recognise their hard work.
- Councillor Jones went on to say that he believed that more people would have died had the Council not taken the decision regarding hospital discharge into care homes. On 3 April, the Government had advised that the Council was required to admit patients to care homes from hospital regardless of whether the person had been tested or not. Officers and councillors had contacted the local MP's and whilst

they had been supportive this had remained the government policy. He was grateful to officers including Matt Pope and Susan Parsonage for the protocol that they had introduced, and thanked them on behalf of residents.

- Councillor Jones asked whether the Council had robust plans to deal with a second wave should it occur and also for different pandemics.
- Councillor Margetts highlighted the difficulties and frustrations of the different systems working together to varying degrees. He informed Members that the Council had had to do a public appeal for PPE supplies and had also contacted the local MP's for potential sources. It had resolved the difficult situation by taking a proactive stance.
- Councillor Margetts stated that the decision to refuse discharges from hospital had been taken because it had been felt that there was no alternative.
- Procedures had to be kept as tight as possible to ensure that the virus did not flare up within the care homes.
- Members were advised to consider the Council's Outbreak Control Plan.
- Councillor Mather expressed disappointment at the difficulties the Council had faced with the supply of PPE and commented that he felt that the NHS supply chain had also failed. He was of the view that the Committee should explore the supply difficulties more, and how it could be more resilient.
- Councillor Mather thanked Councillor Margetts and officers for raising issues over PPE with the MP's.
- Councillor Mather questioned whether the Council was building up a stockpile of PPE. Matt Pope answered that it was, but that quality and supply of certain types of mask were still an issue. Councillor Margetts reminded Members that the Council was the provider of last resort for the care homes.
- Councillor Margetts spoke of the frustration of not always hearing of policy developments until they had already been publicly announced.
- In response to a question from Councillor Richards, Matt Pope stated that the Task Force would not be not be stood down for the foreseeable future.
- Graham Ebers stated that there were three main workstreams; continuing response, recovery and business as usual.
- Councillor Swaddle asked how often care home staff were tested and was informed that staff would be tested weekly and residents would be tested every 28 days. Councillor Swaddle went on to ask whether the families of care home staff were also tested. Matt Pope commented that they would be if there were concerns that they or the member of staff may be positive for the virus.
- Tony Lloyd commented that there were concerns amongst the GP community about the impact of a possible second wave of the virus should there also be a winter flu epidemic, and that they were stressing the importance of large-scale take up of flu jabs. He asked what measures would be taken to ensure that care home residents received a flu jab. Matt Pope indicated that he would support a wholesale take up of flu jabs among care home residents and would discuss with health colleagues about how this could be progressed.
- In response to a question from Councillor Jones as to whether the Council had enough tests available should a second wave of the virus occur, Matt Pope stated that whole home testing was being regularly undertaken so he was more confident that there would be sufficient tests available.
- The Committee further discussed care homes and finances. Matt Pope emphasised that the Council was in frequent discussion with its care homes. Increased costs because of the pandemic would be in place for some time;

however, a solution from central government and further clarification on funding was required.

- In response to a question from Councillor Jones regarding whether the Council would take over a care home should it be at risk of going bust, Matt Pope referred to provider failure plans.
- Graham Ebers stressed that the financial impact of Covid 19 would be felt for a number of years. The Council had to support providers but in a way, that was cost effective.
- Councillor Mather commented that he heard anecdotal evidence of DNR's being amended without consent and asked that this be checked.
- Nick Durman, Healthwatch Wokingham Borough, praised the collaboration between the voluntary sector, the health sector and the Council.
- The Committee discussed what areas they felt should be looked into further.
- Councillor Mather commented that it would be helpful to have more information gathering sessions. Councillor Swaddle asked that information be provided as early as possible to help Members to formulate their questions better.
- Members agreed that they wished to talk to the Council's health partners such as the Clinical Commissioning Group and the Royal Berkshire Hospital, to discuss how they felt that they had coped with the outbreak, their views on PPE supply, and whether it would be sufficiently resilient to cope should a second wave occur.
- With regards to PPE supply, Councillor Grandison asked how many masks had been ordered.
- Councillor Grandison felt that the Committee should examine what treatments such as cancer screening had had to be postponed because of the pandemic, and the impact of this on residents.
- Councillor Bishop-Firth suggested that the Committee look at the impact of the pandemic on residents' mental health. It was noted that this topic had been delegated to the Children's Services Overview and Scrutiny Committee. Councillor Swaddle, Chairman of this Committee, invited other Members to attend the meeting when this matter was considered.
- It was agreed that the Democratic Services Officer would produce a draft timetable and circulate it to the Committee for agreement.

RESOLVED: That

1) Matt Pope be thanked for his presentation

2) taking into account comments made during the meeting, the Democratic Services Officer to produce a draft timetable for further scrutiny and circulate to Members

11. HEALTHWATCH WOKINGHAM ANNUAL REPORT 2019-2020

The Committee considered the Healthwatch Wokingham Annual Report 2019-20.

During the discussion of this item, the following points were made:

- Jim Stockley indicated that Healthwatch would be producing a report on perinatal health.
- Councillor Jones questioned whether Healthwatch had sufficient budget to undertake all of its work in 2020/21 and what more it could have done had it not had an 11% budget cut. Jim Stockley commented that it was difficult to say what more Healthwatch would have done, as it had not had the opportunity to do it. If it had

had more full time staff, it could have done more. He went on to praise the Healthwatch lead and Healthwatch officer.

- Healthwatch had maintained an online and phone presence during the pandemic. Nick Durman indicated that one of the statutory duties of Healthwatch was to undertake enter and views. However, this had been difficult due to the restrictions brought about by the pandemic.
- Councillor Jones questioned whether Healthwatch would be asking for residents' views on accessing different health services during the pandemic. Nick Durman referred to the survey that Healthwatch were undertaking on residents' experiences of NHS services. It was due to run until the end of the week and 180 responses had been received so far. A report would be produced.
- Nick Durman went on to summarise some of the responses received so far. There had been a lot of praise for GP surgeries. Equally, many people had felt that their issue could wait and had therefore not used the health services. A number of people who had responded had found it difficult to find information on changes to dental services during the pandemic. Nick also referred to the difficulty that some people had had in finding information that was accessible for those with learning difficulties.
- Nick Durman commented that following the pandemic there was likely to be an increasing mental health problem. He suggested that the Committee might wish to speak to Prospect Park at a future committee meeting.
- Members were informed that Morrison's pharmacy had cancelled the nomad packs for all customers. Healthwatch had sought clarification as to the reason for this but had not yet received a response.
- Councillor Frewin asked when the mental health report would be ready and if the Committee could receive a copy. Jim Stockley indicated that it would be available to Members within 3 to 4 weeks.
- Councillor Frewin went on to ask how the Committee could support Healthwatch in its work. Jim Stockley stated that Healthwatch valued information from the Members.
- Nick Durman informed Members that Royal Berkshire Foundation Trust would be modernising its estate. Healthwatch would be attending an engagement event with the company leading the project.
- Councillor Mather questioned whether Healthwatch surveyed residents about volunteer transport and parking and collection arrangements at the Royal Berkshire Hospital. Councillor Loyes agreed that parking at the hospital remained an issue and asked that Healthwatch look into this matter. Nick Durman commented that there was no specific data but that they could raise the issue at the engagement event. Jim Stockley offered to provide a report previously undertaken regarding volunteer drivers.

RESOLVED: That

1) Jim Stockley and Nick Durman be thanked for their attendance;

2) the Healthwatch Annual Report be noted.

12. FORWARD PROGRAMME 2020-2021

The Committee considered the forward programme for the remainder of the municipal year.

During the discussion of this item, the following points were made:

- Councillor Mather asked that the company involved in the redesign of the Royal Berkshire Hospital estate be invited to speak to the Committee.
- The Committee agreed that they wished to look at access to dental services and pharmacy services during the pandemic and that this should form part of the review of the Council's response to the Covid 19 pandemic.

RESOLVED: That the forward programme be noted.

Pharmacy Thames Valley

Who/What/Why?

The local organisation for community pharmacy is the Local Pharmaceutical Committee (LPC). The LPC is the focus for all community pharmacists and community pharmacy owners and is an independent and representative group. The LPC works locally with NHS England Area Teams, CCGs, Local Authorities and other healthcare professionals to help plan healthcare services.

The LPC negotiates and discusses pharmacy services with commissioners and is available to give advice to community pharmacy contractors and others wanting to know more about local pharmacy. LPCs liaise closely with their medical equivalent the Local Medical Committee so that GPs and pharmacists can work together to deliver services to patients.

Pharmacy Thames Valley

Accessibility

Community

Advice

Pharmacy Thames Valley

264 Pharmacies

72 in Berkshire West

David Dean – Chief Officer
Kevin Barnes – Contractor Support Office
Amanda Dean – Engagement Officer

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Madeleine Shopland
Democratic and Electoral Services
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04 September 2020

Dear Ms Shopland

Wokingham Health Overview Scrutiny Committee – access to dental services during the Coronavirus pandemic

Thank you for your e-mail dated 6th August re access to dental services to during the Coronavirus pandemic.

In your e-mail you have asked about the following issues:

- What services were available in Wokingham Borough during the peak of lock down and the situation now (high street dentistry, community dental services and hospital services)
- Access to urgent dental care services during the pandemic
- How any changes to services were communicated (Particularly around urgent treatment services)

In this letter I'll attempt to answer the questions you have raised.

On 25th March 2020, NHS England and NHS Improvement and the Office of the Chief Dental Officer wrote to all NHS and private dental practices to advise them of the actions to take regarding the provision of dental services during this stage of the pandemic. I have attached a copy of the letter which sets this out in more detail for your information.

All dental practices (NHS and private) had to provide the 'AAA' support as described in the letter. Each of the NHS England and NHS Improvement Regions had to establish Urgent Dental Care hubs to provide the urgent treatments. The Urgent Dental Care hubs were required to have several features:

- Geographical accessibility to cover a wide area
- Car parking on site or near the site
- Good public transport access
- A number of ground floor surgeries to provide safe access for patients and the capacity to treat a large number of patients
- The required Personal Protective Equipment (PPE) to enable the hubs to safely provide the range of treatments required. Dental treatment was identified as one of the high-risk areas for the transmission of coronavirus

The delivery of the services at the urgent care hubs was underpinned by a Standard Operating Procedure to ensure consistency of approach to patient access and service delivery. This included arrangements for safe treatment of patients, crucially compliance with Infection Prevention and Control (IPC) requirements. The Public Health England advice states there must be a one-hour downtime 'fallow period' between patients undergoing aerosol generating procedures (AGPs) in a surgery to enable the dental team to perform a high degree clean and prepare the surgery for the next patient. This fallow period is required for aerosols to settle and 99% of respirable particles (droplets and aerosols) released during the AGP to be removed from the air.

Referrals to hubs could be made by NHS and private practices. The NHS England and NHS Improvement Dental Electronic Referral System (DERS) was adapted to underpin referrals into this system.

As part of implementation of the arrangements for AAA in dental practices and the opening of urgent care hubs, the information provided by NHS 111 was adapted to advise patients to contact their most local NHS practice to receive AAA support.

The key challenge at the point the urgent care hubs opened was access to PPE. The limited supply of this equipment, also linked to the focus on adequate provision for hospitals with high numbers of Covid-19 admissions at this time, meant that the number of urgent care dental hubs had to be kept to a level where only the most urgent dental cases would result in treatment. This also meant that the Dental practices had an important role to play in supporting patients without recourse to treatment, if this was an appropriate way to manage care at the point the public health crisis was at its peak.

In Berkshire, urgent care hubs opened in Reading and Slough during the week commencing 20th April 2020. The Community Dental Service provided urgent care hubs for shielded and vulnerable patients. These hubs are continuing to operate, although they have seen a fall in the number of referrals since the dental practices

started to re-open in early June. In the period to the end of August 2020, the Berkshire hubs received 3,558 referrals with 719 referrals rejected as inappropriate. The rejection rate of around 20% is indicative of the need to apply access criteria strictly and in line with the rates seen across the South-East.

During this period all routine hospital activity was ceased, which included the dental related specialties. The hospitals remained open for face to face treatments for urgent patients and 2 week wait referrals for suspected cancers.

In terms of communications, the attachments to this letter were issued to a range of stakeholders at the point the urgent dental care hubs were opened in April and when the dental practices began to re-open in June.

Any member of the public could call a dentist and get advice, or a referral as needed, this was available to everyone and not restricted to those people who regularly visited an NHS dentist. There was also coverage in both national and local media to assist the public in understanding how they could access dental care during the height of the pandemic.

In late May 2020, NHS England and NHS Improvement and the Office of the Chief Dental Officer issued guidance about the re-opening of dental practices which could commence from 8 June. Since early June they have been re-opening in line with the guidance that they focus their activity during the 'recovery' phase on urgent and high needs patients. The requirement to provide services safely for patients and staff remains the prime consideration. Most dental treatment involves aerosol generating procedures (AGPs) and require the constant supply and specialist fitting of respirator masks across the entire workforce of dentists and nurses. Once masks are fit tested to the individual, this is not always possible first time, the fit test will need repeating when there is a change of stock supply to another brand/model of mask. These services are also delivered within the requirements of a national Standard Operating Procedure, which is subject to on-going review.

This has meant there has been a phased re-opening of the dental practices and the safety requirements continue to impact on the number of patients who can be seen. We estimate capacity may be reduced by at least 50-70% depending on the individual practice circumstances.

The patient pathway for dental care now consists of two broad stages – remote management and face-to-face management. It is important to retain the initial remote stage, particularly to identify possible/confirmed COVID-19 cases (and household/bubble contacts), patients who are/were shielding, and patients at increased risk, to ensure safe care in an appropriate setting. This stage also helps to prevent inappropriate attendance, support appointment planning and maintain social distancing and patient separation.

During this phase, the baseline expectation is:

- Practices should be open for face to face care unless there are specific circumstances which prevent this, and arrangements should be agreed with NHS commissioners.
- Practices should prioritise urgent dental care (UDC) provision, with flexibility for practices to do what is best for their patients.
- Progression towards the resumption of an increasing range of dental care, including AGP, risk-managed by individual practices subject to following the necessary IPC and PPE requirements

All dental practices are now open and the number of referrals to the Urgent Dental Care hubs has reduced substantially.

Our plan is to maintain the urgent care dental centres to provide treatments which some dental practices may not be able to provide and to have them in place should further waves of the Coronavirus pandemic occur.

We appreciate this has been a difficult time for patients in terms of accessing dental care and on-going challenges will remain during the coronavirus pandemic. The urgent dental care hubs were established to achieve safe access to urgent care at the point the Coronavirus pandemic started to have a substantial impact on people's health and health services. Since the peak of the pandemic, Dental practices and other NHS Dental services have been re-opening with a focus on urgent and high needs patients. This situation remains under review and we will need to remain vigilant about the impact of any future waves of the pandemic.

Yours sincerely

Sarah Macdonald
Director of Primary Care and Public Health Commissioning
NHS England and NHS Improvement - South East Region

Stakeholder Briefing:

Urgent dental care services across the South East

Background

Since the Prime Minister announced social distancing measures to slow down the spread of COVID-19, a set of restrictions on daily activity to contain the spread of the virus were introduced. All non-urgent dental activity has stopped in line with the changes to people's everyday lives that the Prime Minister has signalled.

In light of public health infection control measures and continuing concerns about NHS dental care staff safety, NHS England and NHS Improvement (NHSE/I) has made significant changes to the delivery and operation of our dental services in the South East region.

Developing the local urgent dental care system

Across every NHS region a Local Urgent Dental Care system has been created to provide care for people with urgent and emergency dental problems.

Urgent Dental Care centres (also known as hubs) have been set up to meet the distinct needs of people with urgent dental care needs during the current pandemic:

1. Those who are possible or confirmed COVID-19 patients – including patients with symptoms, or those living in their household
2. Those who are 'shielded', as being at most-significant risk from COVID-19
3. Those who are vulnerable/at increased risk from COVID-19
4. Any other people who do not fit one of the above categories

The urgent dental care hubs allow appropriate separation and treatment of patients in these four categories.

All patients will need referral by a dentist, this may be a dentist they usually see or another local dental practice which should still be providing phone advice. Each patient will then be triaged by an urgent dental care hub depending on a number of factors and their care managed accordingly. Patients will be assessed as to whether they do need urgent treatment which cannot wait. Where patients are at risk or shielded, then they will be seen in appropriate settings. Where possible and safe, patients may be able to manage the dental problem themselves through taking painkillers or prescribed antibiotics to treat any dental infection. Face to face treatment is available when clinically required.

Drop-ins to urgent dental care hubs are not allowed given the need to protect patient and staff safety.

Locations of urgent dental hubs

So far, there are 36 urgent dental care hubs operating with a further 2 planned to cover the main population centres across the South East. The opening of hubs has been contingent on securing personal protective equipment (PPE) for all of their staff members.

The locations of the operational hubs for the four patient groups identified above are:

1. Reading
2. Slough
3. Maidenhead
4. Bracknell
5. Headington, Oxford
6. Cowley, Oxford
7. Witney
8. Banbury
9. Aylesbury
10. Newport Pagnell
11. Basingstoke
12. Winchester
13. Gosport
14. Andover
15. Fareham
16. Southampton
17. Portsmouth
18. Ryde
19. Cowes
20. Guildford
21. Redhill
22. Weybridge
23. Crawley
24. Haywards Heath site 1
25. Hazlegrove Road site 2
26. Chichester
27. Brighton site 1
28. Brighton site 2
29. St Leonards
30. Chatham
31. Ashford
32. Maidstone
33. Ramsgate
34. Canterbury
35. Larkfield
36. Rochester

Further hubs will be opened shortly in:

1. Eastbourne
2. Seaford

The precise locations will not be publicised since access is by appointment only.

How will triage work?

Triage will be used to decide which category people fall into, depending on their symptoms and level of pain.

The triage categories are:

1. Requires immediate treatment on the day
2. Treatment as quickly as possible
3. Non-urgent (not requiring treatment in a hub setting)

Those involved in triage have a detailed operating procedure to help them categorise different dental conditions.

How do patients access these urgent hubs?

Patients with an urgent or emergency dental condition must not attend any hubs as they need to be triaged by a dentist first. This system also helps manage the flow to hubs and avoid queues (in line with social distancing measures).

If a patient has an urgent or emergency dental condition they should contact a dental practice for a telephone assessment to assess their dental needs. This could either be the dental practice they normally attend or an NHS practice nearest to their home address, which can be located on https://www.nhs.uk/using-the-nhs/nhs-services/dentists/

Out of usual surgery hours, you should call your local out of hours emergency dental service and if you are unsure of their contact details NHS111 will be able to provide this.

For further information, please contact the NHSE/I dental team in the South East at ENGLAND.southeastdental@nhs.net

21 April 2020

Update on NHS dental services

On 28th May 2020 NHS England and NHS Improvement and the Office of the Chief Dental Officer confirmed plans for the phased resumption of dental care services in England from 8th June.

We are keen to get dental services back up and running but do need to ensure the safety of both patients and staff in doing so. To do this there are a number of matters that dental practices will need to address as part of preparing to re-open.

These include:

- Arrangements to comply with social distancing requirements
- Infection Prevention Control procedures in place to support treatment in a pandemic
- The supply of Personal Protective Equipment (PPE) for members of the dental team and the necessary fit testing for the PPE
- Risk assessments for the dental workforce
- Identification and prioritisation of patients such as those with an urgent need, those who require follow up after interim treatment has been provided by an Urgent Dental Care (UDC) hub, those who have incomplete care plans and those at risk of deterioration; when practices have the capacity to resume recall assessments then patients who have a greater need such as those on frequent recall intervals in line with NICE guidance will need to be prioritised.

The above means that we expect practices will have around 30% of usual capacity, this will be a practice-led phased approach to the restoration of dental services.

Some, though not all, dental practices will start to open for face-to-face treatment from 8th June though exact opening dates for practices and the range of services they will be able to offer will vary depending on the measures they have managed to put in place and the availability of staff following risk assessments. All practices will continue to provide advice, medication and referral services to the UDC hubs until they are ready to provide face to face treatments. Even when practices are able to provide face to face treatment this will be limited and so for many patients they will continue to receive remote advice and medication.

We are still trying to minimise the number of calls being made to NHS 111 during the working week and advise that if patients contact you during these hours you should advise them to contact the dental practice they normally attend or their nearest dental practice for advice via https://www.nhs.uk/using-the-nhs/nhs-services/dentists/

In the evening and at weekends patients can contact NHS 111 to receive advice and direct patients to an out of hours service if necessary.

Dental treatment using Aerosol Generating Procedures (such as fillings, root treatment, crown preparation, scale and polish) will be limited due to the risk this poses to the dental team and patients.

We will continue to work with the dental profession to support the safe phased restoration of dental services.

8th June 2020

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Publications approval reference: 001559

25 March 2020

This is the third of a series of regular updates to general dental practices and community dental services regarding the emerging COVID-19 situation. An electronic copy of this letter, and all other relevant guidance from NHS England and NHS Improvement can be found here: www.england.nhs.uk/coronavirus/primary-care/.

Dear colleagues

Thank you again for your continued work to prepare for and handle the COVID-19 pandemic. We are grateful for the commitment and effort that is going into providing care for patients and for your forbearance as we seek to provide clarity in a fast-moving situation.

Since the publication of our last letter on the morning of 20 March, the Prime Minister announced later that afternoon further social distancing measures to slow down the spread of COVID-19. On 22 March a further announcement included the introduction of "shielding" our most at risk members of the population and then, on 23 March, a further set of restrictions on daily activity to contain the spread of the virus were introduced.

The emphasis has now shifted away from the delivery of routine care while minimising infection risk to a requirement to stop all non-urgent activity in line with the changes to people's everyday lives that the Prime Minister has signalled. This is the time for a collaborative, collective and concerted effort to re-direct our talents and to help support our fellow NHS primary care colleagues when they are at their most stretched. Your skills, your time and your commitment can and will make a difference to our national effort.

In light of these most recent public health control measures and in recognition of the difficulties that practices are facing including continuing concerns about staff safety, we are making a number of immediate changes to the delivery and operation of our dental services.

A. Changes to Primary Dental Care services

(General Dental Practices and Community Dental Services)

1. **All routine, non-urgent dental care** including orthodontics should be stopped and deferred until advised otherwise.

2. All practices should establish (independently or by collaboration with others) a remote **urgent care service**, providing telephone triage for their patients with urgent needs

during usual working hours, and whenever possible treating with:

- Advice
- Analgesia
- Antimicrobial means where appropriate

3. If the patient's condition cannot be managed by these means, then they will need to be referred to the appropriate part of their **Local Urgent Dental Care system**. These new arrangements will involve providers working with defined groups of patients to manage urgent dental care needs only, with appropriate separation arrangements in place to manage patient status and professional safety. These will be established via NHSE/I regions to manage urgent care dental needs in the specific groups of patients. The service model is described in section D, "Developing local Urgent Dental Care systems" below.

Some practices and community dental services may need to become designated providers of urgent dental care as part of these Local Urgent Dental Care systems during the COVID-19 pandemic. This will be determined and agreed with each practice as part of the regionally-organised system.

4. All community outreach activities such as oral health improvement programmes (e.g. Starting Well, routine non-urgent work in care homes) and dental surveys should be stopped until advised otherwise.

5. In order to provide accurate information to the public we are asking that all dental practices:

- Update their messaging and websites;
- Contact their regional commissioner should practice availability hours alter as a result of staffing levels; and
- Inform the commissioner of these changes and the arrangements for cover.

Your regional commissioner will then inform the Directory of Services (DOS) lead so that 111 are up to date with the correct information.

B. <u>Contracts and funding</u>

1. 2019-20 contract reconciliation

We recognise that in most years dental activity is usually higher during the month of March and that this year the majority of contractors may have been impacted because of COVID-19. We can confirm that year end reconciliation will therefore operate in the following manner:

- For the purposes of calculating year end contract delivery, we will consider the year to be March 2019 – February 2020, and we will apply March 2019 data instead of March 2020;
- For contracts delivering above 96% over this period we will then operate normal year end reconciliation with the ability to carry forward activity to 2020; and
- For contracts delivering below 96% over this period we will enter into normal clawback position up to 100% of total contract value (TCV).

2. 2020-21 contracts: cashflow and reconciliation

We will take immediate steps to revise the operation of the 2020-21 contract to reflect service disruption due to COVID19 for practices who are participating as required in the COVID response. The approach will aim to achieve the following:

- Maintaining cash flow to provide immediate stability and certainty for dental practices;
- Protecting the availability of staff to provide essential services during the response period to COVID-19;
- Actively enabling staff time that is no longer required for routine dental activity to be diverted to support service areas with additional activity pressures due to COVID-19;
- Maintaining business stability to allow a rapid return to pe-incident activity levels and service model once the temporary changes cease; and
- Fairly recompensing practices for costs incurred.

We will therefore take the following steps:

Cashflow

We will continue to make monthly payments in 2020-21 to all practices that are equal to 1/12th of their current annual contract value.

Contract value and reconciliation

We will progress our work with the BDA to finalise an approach to contract value and reconciliation in 2020-21 that takes account of the following principles:

- Contract delivery and year end payment for the period of the COVID-19 response should be assumed to have been maintained at a level that allows continued employment of staff (despite reduced actual activity);
- In return for this certainty, this will be conditional upon practices being required to offer all available staff capacity to other areas as outlined in section C, “Workforce” below;
- A requirement on practices to ensure that all staff including associates, non-clinical and others continue to be paid at previous levels;
- An agreed and fair reduction for any variable costs associated with service delivery (e.g. in recognition of reduced consumable costs) will be applied to all contract values;
- These arrangements will operate over a fixed number of months with an agreed end date; and

- Practices benefiting from continued NHS funding will not be eligible to seek any wider government assistance to small businesses which could be duplicative.

We anticipate that this approach gives certainty over both the immediate cashflow for practices and the longer-term ability to maintain income and contribute to the COVID-19 response across the NHS.

C. Workforce

We recognise the impact that self-isolation and social distancing is having on the dental workforce. We also realise that the changes to primary dental care outlined above will mean that there is freed capacity within a highly skilled workforce, and we appreciate the offers that have come in from the profession to contribute to the wider COVID-19 response. This will now be a condition of the approach set out in this letter.

As well as providing remote support to patients who contact your own practice / service with dental problems, we would like to direct the freed-up workforce capacity to support:

- Urgent dental care services being set up in the NHS regions (see below).
- NHS colleagues working in wider primary care
- NHS colleagues working in the acute COVID-19 response
- Local authority and voluntary services COVID-19 response.

As part of the funding support, the NHS expects that dental practices will fully support the redeployment of professionals and staff working in general dental services to support the wider NHS response, as is happening across the rest of the NHS. In particular, we ask staff contact details are made available immediately and for practices actively to support any national or local calls for help. This will include helping to staff the new Nightingale Hospital that is being established in London and other similar facilities that may be established over the coming weeks. You will receive a further communication on this on Wednesday 25 March.

D. Developing local Urgent Dental Care systems

Across every NHS region we require rapid coordination of the development of robust and safe services through the creation of local Urgent Dental Care systems across a range of sites to provide care for urgent and emergency dental problems.

These systems should be established to meet the distinct needs of the following groups within the population with urgent dental care needs:

1. Patients who are possible or confirmed COVID-19 patients – including patients with symptoms, or those living in their household
2. Patients who are shielded – those who are at most significant risk from COVID-19
3. Patients who are vulnerable / at increased risk from COVID-19

4. Patients who do not fit one of the above categories

Each local Urgent Dental Care system will involve provision at a number of sites in a way that allows appropriate separation and treatment of patients in the categories above.

The range of conditions provided for by local UDC systems are likely to include, but are not limited to:

- Life threatening emergencies, e.g. airway restriction or breathing/swallowing difficulties due to facial swelling
- Trauma including facial/oral laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth
- Oro-facial swelling that is significant and worsening
- Post-extraction bleeding that the patient is not able to control with local measures
- Dental conditions that have resulted in acute and severe systemic illness
- Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice
- Fractured teeth or tooth with pulpal exposure
- Dental and soft tissue infections without a systemic effect
- Oro-dental conditions that are likely to exacerbate systemic medical conditions

Each patient should be assessed and managed on their own merit, taking into account the patient's best interests, professional judgement, local UDC arrangements and the prioritisation of the most urgent care needs.

Local Dental Networks, Commissioners and Local Dental Committees should work together with local Dental Public Health colleagues to define and implement a system that meets the principles set out above to meet the dental needs of their local populations and to appropriately support staff to provide services safely.

The exact mechanisms, facilities and approaches will need to reflect existing local arrangements in way that that can be flexed. It will also require the development of some specific and bespoke arrangements, especially for the suspected and confirmed COVID-19 patients, and for those who are being shielded.

The flexibility around operation of the contract outlined above enables staffing for each local Urgent Dental Care system to draw flexibly on a wide range of professional groups including general dental practice staff, community dentists, hospital dentists and academic dentists in a way that best fits local circumstances.

E. Personal Protective Equipment (PPE)

We recognise that the issue of staff safety and confidence in PPE guidance is very important for staff engaged in direct patient care. A number of professional bodies have issued their own guidance over the weekend.

We will continue to be led by the emerging evidence and are currently seeking urgent updated advice through our NHS Infection Prevention Control (IPC) colleagues and Public Health England. We will implement their guidance throughout our urgent dental care services.

Dental public health colleagues are being trained to fit test FFP3 masks and they will be available in regions to carry out this function.

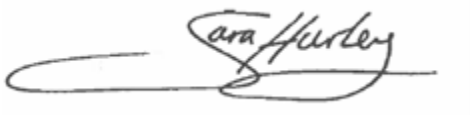
Conclusion

We appreciate that these are significant changes that will have major implications on your personal and professional lives and will bring about new ways of working locally and nationally. We know that the profession are calling for further guidance and we are fully committed to working openly and constructively to rapidly update and clarify guidance as the position evolves.

We are grateful for your patience and understanding as we work with dental teams across the country as quickly as possible to keep you and your patients safe and supported, to produce information and guidance, and to listen to your concerns and suggestions as the situation progresses.

Thank you again for your commitment and engagement as part of this unprecedented national effort.

With very best wishes



Sara Hurley, Chief Dental Officer England

Matt Neligan, Director of Primary Care and System Transformation

Royal Berkshire NHS Foundation Trust

Redevelopment Programme

"Building Berkshire Together"

Delivering Outstanding Care for Our Communities

Briefing for Wokingham HOSC

Background

- Government Health Infrastructure Plan (HIP) – funding for 40 new hospital projects over the next ten years.
- RBFT one of 21 Trusts to receive seed funding to develop ideas.
- All possibilities will be considered.
- Major opportunity for the Trust and for our local communities to improve services, patient experience and the environment.

The Case for Change… the 5Cs

Royal Berkshire NHS Foundation Trust

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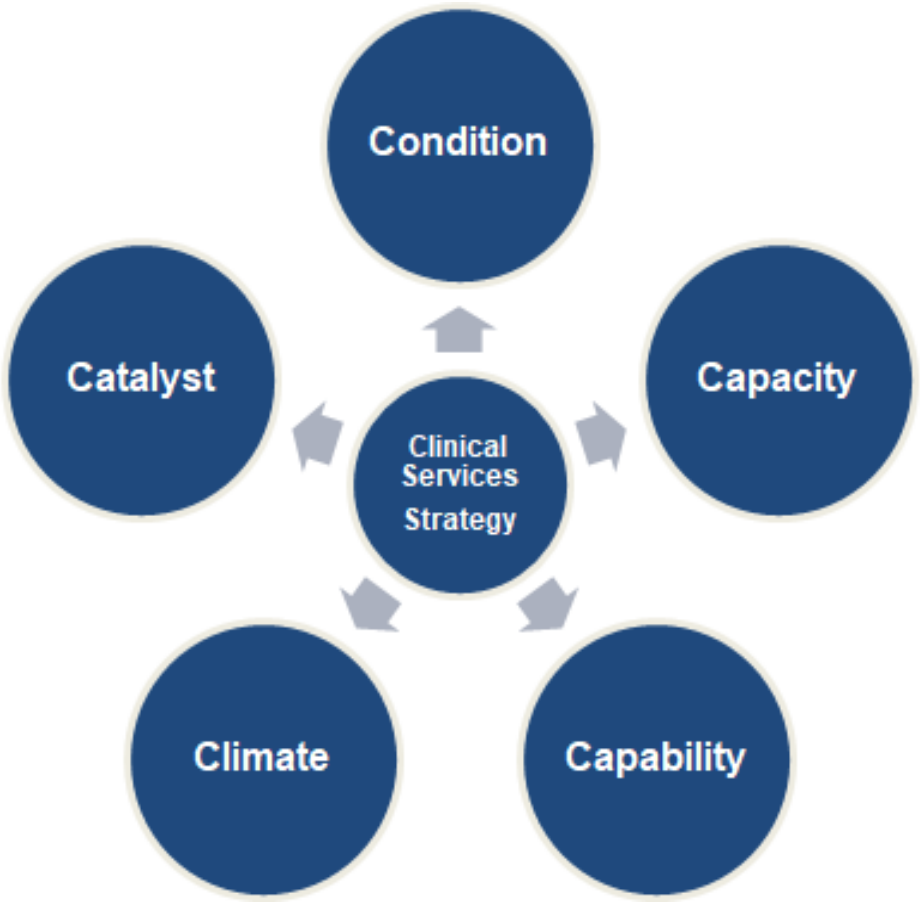

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what matters

The Case for Change… the 5Cs

Royal Berkshire NHS Foundation Trust

- The existing hospital buildings are in poor **condition**, resulting in poor patient experience, poor working conditions for staff, high maintenance costs and safety risks too.
- The hospital is operating beyond its current **capacity** and expected local population growth will only mean greater health needs and rising demand for services.
- The existing buildings were designed to support an 18th and 19th century model of clinical care. The buildings limit the **capability** of our staff to provide high quality modern healthcare for our local communities.
- The existing buildings are a poor environment for patients and staff, and they contribute to the **climate** emergency. We need a green, low-carbon hospital.
- Developing a healthcare campus for Berkshire would generate jobs and economic growth and act as a **catalyst** for the local economy for years to come.

Exploring the possibilities

Royal Berkshire NHS Foundation Trust

What?

Where?

How?

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ONS Population Data

Engagement inputs

Internal feedback

Strategic Outline Case

Possible ways forward

NHS Trust Data

Wider NHS Strategies

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Possible scenarios

Royal Berkshire NHS Foundation Trust

- *Refurbishment and some rebuilding on the existing site.*
- *Some refurbishment and substantial rebuilding on the current site.*
- *Completely new hospital on the current site.*
- *Completely new hospital on a new greenfield or brownfield site.*
- *Other partial or additional scenarios.*

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what matters

The Pros and Cons…

Royal Berkshire NHS Foundation Trust

- Adjacencies
- Environment
- Economy
- Speed
- Compliance
- Cost
- Convenience

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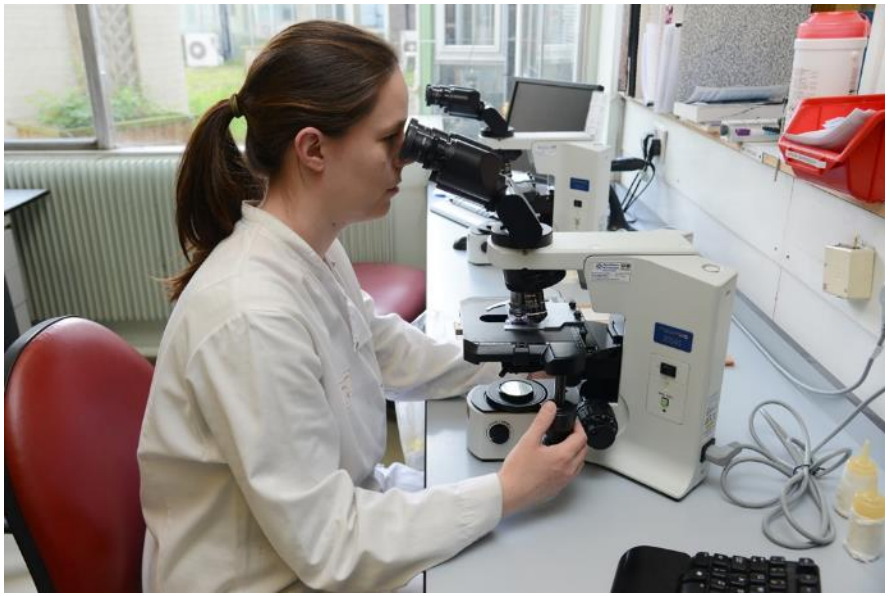

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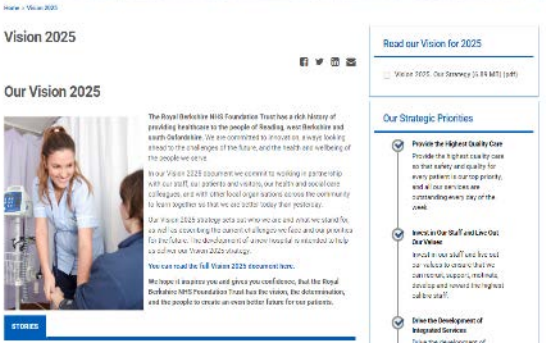
what matters

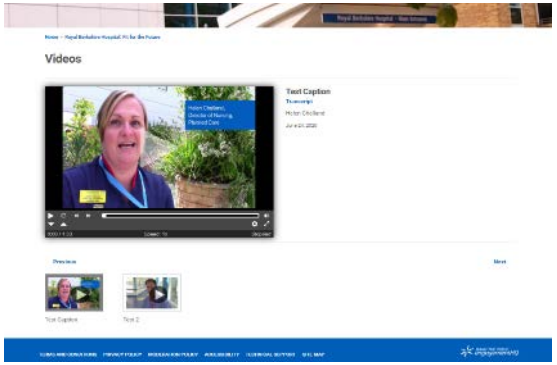
Next steps

- Engagement with our stakeholders (Patients, public, staff, other stakeholders).
- Identification of unique features.
- Development of a Strategic Outline Case (SOC) for HM Treasury.
- To be delivered in the autumn.
- Fully aligned with Vision 2025 and beyond.

Engagement microsite

Royal Berkshire NHS Foundation Trust





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HEALTH OVERVIEW AND SCRUTINY COMMITTEE FORWARD PROGRAMME 2020-21

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
18 November 2020	**Update on work of Wokingham Borough Wellbeing Board**	Update	Update	Chairman Wokingham Borough Wellbeing Board
	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
12 January 2021	**Health Consultation Report**	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

Currently unscheduled topics:

- Ambulance response times
- Self-harm related hospital admissions in 15-19 year olds
- Suicide prevention
- Council's response to Covid 19 – Public Health

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Glossary:

- **AAT** – Assessment and Advice Team
- **AnDY** – Anxiety and Depression in Young People Research Unit
- **Bariatrics** – branch of medicine that deals with the causes, prevention, and treatment of obesity.
- **BCF** – Better Care Fund
- **BHFT** – Berkshire Healthcare NHS Foundation Trust
- **BW** – Berkshire West
- **C&B** – **(Choose and Book)** is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.
- **CAM** - Confusion Assessment Method
- **CAMHS** – Child and Adolescent Mental Health Services
- **CBT** – Cognitive Behaviour Therapy
- **CCG** – Clinical Commissioning Group
- **CDU** – Clinical Decisions Unit
- **CHIS** - Child Health Information Systems - patient administration systems that provide a clinical record for individual children and support a variety of child health and related activities, including universal services for population health and support for statutory functions.
- **CHIMAT** – Child Health Profiles
- **CKD** – Chronic Kidney Disease
- **CNS** – Clinical Nurse Specialist
- **Community Enhanced Service** - a service provided in a community setting which goes above and beyond what is normally commissioned by NHS England, including primary care services that go beyond the scope of the GP contract.
- **Contract Query Notice** - A specific action taken by the commissioner against the Provider as per the contract. It is a notice served when a contractual target is not being met. As a result of such a notice, an action must be agreed that results in recovery of performance within a set timescale.
- **COPD** – Chronic Obstructive Pulmonary Disease

- **COF** - Commissioning Outcomes Framework
- **CoSRR** - Continuity of Services risk rating
- **CPA** - **Care Programme Approach** - is a system of delivering community mental health services to individuals diagnosed with a mental illness
- **CPE** – Common Point of Entry
- **CPN** - Community Psychiatric Nurse
- **CQC** – Care Quality Commission
- **CQUIN** – **Commissioning for Quality and Innovation** - Is an incentivised money reward scheme that has been developed to allocate payments to providers if they meet quality outcomes identified to improve local quality issues.
- **CST** - Cognitive Stimulation Therapy
- **CSU** - Commissioning Support Unit
- **Cytology** – the study of cells
- **DPH** – Director of Public Health
- **DNACPR** - Do Not Attempt Cardiopulmonary Resuscitation
- **DTOC** – Delayed Transfer of Care
- **EDT** – Electronic Document Transfer
- **ECIST** - Emergency Care Intensive Support Team
- **ECO** – Emergency Operations Centre
- **EHA** – Early Help Assessment
- **EHCP** – Education, Health and Care Plan
- **EIP** – Early Intervention in Psychosis
- **EOL** – end of life care
- **EPR** – **Electronic Patient Record** – means of viewing a patient's medical record via a computerised interface.
- **ESD** – Early Supported Discharge service - pathways of care for people transferred from an inpatient environment to a primary care setting to continue a period of rehabilitation, reablement and recuperation at a similar level of intensity and delivered by staff with the same level of expertise as they would have received in the inpatient setting.

- **FFCE** - **First Finished Consultant Episode** - first completed episode of a patient's stay in hospital.
- **FPH** – Frimley Park Hospital
- **GMS** – General Medical Services
- **GOS** - General Ophthalmic services
- **GRACe** - General Referral Assessment Centre
- **GSCC** – General Social Care Council
- **HALO** - Hospital Ambulance Liaison Officer
- **HASU** - Hyper-Acute Stroke Unit
- **HWPFT** - Heatherwood and Wexham Park Hospitals NHS Foundation Trust
- **JSNA** – Joint Strategic Needs Assessment
- **LA** – local authority
- **LES** – Local Enhanced Service
- **LGBT** – Lesbian, Gay, Bisexual, Transgender
- **LOS** - Length of Stay
- **LTC** – long term conditions
- **MDT** – multi disciplinary team
- **MH** – Mental Health
- **MHP** - mental health practitioner
- **MIU** – Minor Injuries Unit
- **Monitor** - Oversees the performance of NHS Foundation Trusts
- **MSA** - Mixed sex accommodation
- **NARP** – National Ambulance Response Pilot
- **Never Events -** Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
- **NHSCB** – National Health Service Commissioning Board (now NHS England)

- **NHS Safety Thermometer** –tool to measure 4 high volume patient safety issues – falls in care; pressure ulcers; urinary infections (in patients with a urinary catheter); and treatment for VTE

- **NICE** – National Institute of Health and Care Excellence

- **NEL** - Non elected admissions

- **OHPA** – Office of the Health Professions Regulator

- **ONS** – Office for National Statistics

- **OOH** – Out of Hours

- **Ophthalmology** – branch of medicine that deals with diseases of the eye

- **OPMHS** – Older Persons Mental Health Services

- **Orthopaedics** - branch of surgery concerned with conditions involving the musculoskeletal system

- **OT** – Occupational Therapy

- **Outlier** - a person or thing situated away or detached from the main body or system.

- **PALS** – Patient Advice and Liaison Service

- **PHE** – Public Health England

- **PHOF** – Public Health Outcomes Framework

- **PMS** – Primary Medical Services

- **PPCI** – Primary Percutaneous Coronary Intervention

- **PPIs** - Proton Pump Inhibitors

- **PROMs** - **Patient Reported Outcome measures** are questions asked of patients before and after a specific treatment, to measure improvements to quality of life from the patient's point of view.

- **PWP** – Psychological wellbeing practitioner

- **QIPP** - **Quality, Innovation, Productivity and Prevention.** The purpose of the programme is to support commissioners and providers to develop service improvement and redesign initiatives that improve productivity, eliminate waste and drive up clinical quality.

- **RAT** – Rapid Access Treatment

- **RBFT/ RBH** - Royal Berkshire NHS Foundation Trust

- **RCA** – **Root Cause Analysis** - When incidents happen, Roots Cause Analysis Investigation is a means of ensuring that lessons are learned across the NHS to prevent the same incident occurring elsewhere.

- **RGN** - Registered General Nurses

- **RMN** - Registered Mental Health Nurses

- **RTT** - **referral to treatment time** – waiting time between being referred and beginning treatment.

- **SCAS** – South Central Ambulance Service

- **SCR** – **Summary Care Record** - electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had in the past.

- **SCT** – Sluggish cognitive tempo

- **SEAP** – Support Empower Advocate Promote - confidential, independent advocacy service (health and mental health)

- **SEMH** - Social, Emotional and Mental Health

- **SHaRON** - Support Hope and Recovery Online Network – supports; Young people with eating disorders, Families of young people with or waiting for an assessment for autism, New mums with mental health difficulties and partners and carers of a new mum with mental health difficulties

- **SHMI - Summary Hospital-level Mortality Indicator -** ratio between the actual number of patients who die following treatment at a trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. Covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.

- **SIRI** – Serious incidents that require investigation

- **SLA** – Service Level Agreement

- **SLT** – Speech and Language Therapy

- **SPOC** – Single point of contact

- **SRG** – Systems Resilience Group

- **SSNAP** - Sentinel Stroke National Audit Programme

- **STAR-PU** - **Specific Therapeutic group Age-sex Related Prescribing Units** - a way of weighting patients to account for differences in demography when distributing resources or comparing prescribing.

- **SUSD** – Step Up Step Down

- **Talking Therapies** – free and confidential counselling service with a team of advisors and therapists.

- **Thrombolysis** – breakdown of blood clots by pharmacological means

- **TIA** - transient ischemic attack – mini stroke

- **TTO** – to take out

- **TVPCA** – Thames Valley Primary Care Agency

- **UCC** – Urgent Care Centre

- **VTE** - venous thrombosis -blood clot that forms within a vein

- **WBCH** – West Berkshire Community Hospital

- **WIC** – Walk in Centre

- **WISP** – Wokingham Integration Strategic Partnership

- **WTE** - whole-time equivalents (in context of staff)

- **YLL** – years of life lost

- **YPWD** - Younger People with Dementia

- **YTD** – Year to date