



# WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held Virtually on **WEDNESDAY 18 NOVEMBER 2020 AT 7.00 PM**

A handwritten signature in black ink, appearing to read 'Susan Parsonage', written in a cursive style.

Susan Parsonage  
Chief Executive  
Published on 10 November 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.

**Note:** The Council has made arrangements under the Coronavirus Act 2020 to hold the meeting virtually via Team Meetings, the meeting can be watched live at the following link: <https://youtu.be/URRbvMDXOxI>

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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	Jim Frewin	Barrie Patman
Michael Firmager		

### Substitutes

Gary Cowan	David Hare	Emma Hobbs
Tahir Maher	Malcolm Richards	

ITEM NO.	WARD	SUBJECT	PAGE NO.
28.		<b>APOLOGIES</b> To receive any apologies for absence	
29.		<b>MINUTES OF PREVIOUS MEETING</b> To confirm the Minutes of the Meeting held on 21 September 2020 and the Minutes of the Extraordinary Meeting held on 19 October 2020.	5 - 18
30.		<b>DECLARATION OF INTEREST</b> To receive any declarations of interest	
31.		<b>PUBLIC QUESTION TIME</b> 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 <a href="http://www.wokingham.gov.uk/publicquestions">www.wokingham.gov.uk/publicquestions</a>	
32.		<b>MEMBER QUESTION TIME</b> To answer any member questions	
33.	None Specific	<b>ROYAL BERKSHIRE HOSPITAL</b> To receive an update from the Royal Berkshire NHS Foundation Trust on how it has been working with the Council during the Covid 19 pandemic.	Verbal Report

**34.** None Specific      **UPDATE ON WORK OF HEALTHWATCH  
WOKINGHAM BOROUGH**      **19 - 44**  
To receive an update on the work of Healthwatch  
Wokingham Borough.

**35.** None Specific      **FORWARD PROGRAMME**      **45 - 52**  
To consider the forward programme for the remainder  
of the municipal year.

**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 21 SEPTEMBER 2020 FROM 7.00 PM TO 9.30 PM**

**Committee Members Present**

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

**Others Present**

Malcolm Richards  
Madeleine Shopland, Democratic & Electoral Services Specialist  
Nick Durman, Healthwatch Wokingham Borough  
Kevin Barnes, Contractor Support Officer, Thames Valley LPC  
David Dean, Chief Executive Officer, Thames Valley LPC  
Nicky Lloyd, Acting Chief Executive, Royal Berkshire NHS Foundation Trust  
Victoria Parker, Director of Communications, Royal Berkshire NHS Foundation Trust

**13. APOLOGIES**

There were no apologies for absence received.

**14. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 13 July 2020 were confirmed as a correct record and would be signed by the Chairman at a future date.

Councillor Jones noted that in the supplementary answer provided by Councillor Margetts to the public question asked, Councillor Margetts indicated that official recognition would be given to care home staff for their hard work during the Covid 19 pandemic. He questioned whether this had happened. It was agreed that this would be followed up.

Councillor Jones commented that he had proposed that the Committee formally recognise the fantastic job that the Wokingham Borough Council staff had done in dealing with the pandemic. He suggested that a letter be produced from the Chairman on behalf of the Committee.

**15. DECLARATION OF INTEREST**

Councillor Jones declared a Personal Interest in item 20 Building Berkshire Together - hospital building programme, on the grounds that he had recently been elected to the Royal Berkshire Hospital NHS Trust Board of Governors. He was due to assume this role in November. He also declared a Personal Interest in this item on the grounds that a family member worked at the hospital.

Councillor Frewin declared a Personal Interest in item 20 Building Berkshire Together - hospital building programme, on the grounds that a family member worked at the hospital and also as he was a First Responder.

Councillor Bishop Firth declared a Personal Interest in Item 18 Pharmacy Service, Item 19 Dental Services and item 21 Update on the work of Healthwatch Wokingham Borough, on the ground that her father in law was in a care home within the Borough.

**16. PUBLIC QUESTION TIME**

There were no public questions.

## **17. MEMBER QUESTION TIME**

There were no Member questions.

## **18. PHARMACY SERVICES**

Kevin Barnes, Contractor Support Officer, Thames Valley LPC, and David Dean, Chief Executive Officer, Thames Valley LPC provided a presentation on pharmacy services during the pandemic.

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

- The Local Pharmaceutical Committee (LPC) was a statutory body and was the local organisation for community pharmacy, covering Berkshire, Oxfordshire and Buckinghamshire. It was an independent, representative group and not for profit. The local LPC was a very small team.
- A very small amount from prescriptions went towards to the LPC's upkeep and some of the money from those funds went towards the national negotiating committee that worked with the Department of Health and the NHS to help negotiate national services such as the flu jab service.
- The LPC worked with NHS England Area Teams, the CCGs, local authorities and other healthcare services to help plan local healthcare services.
- The LPC negotiated and discussed pharmacy services with commissioners and was available to give advice to local pharmacy contractors and others. It liaised closely with their medical equivalents the Local Medical Committee so that GPs and pharmacists could work together to deliver the best services to patients.
- It was confirmed that pharmacy funding was received from the Department of Health.
- David Dean advised Members that during the pandemic 95% of pharmacies had been open consistently. There had initially been some issues around staffing and ensuring staff safety and that customers queued safely.
- Community and ensuring a good service for local residents was a massive part of what pharmacy did. Many pharmacists knew and understood their patient base.
- Pharmacists could offer advice to the public and training for pharmacists was rigorous.
- There were 264 pharmacies in Thames Valley, 72 of which were in Berkshire West.
- Councillor Frewin asked about what impact the pandemic had had on pharmacy. David Dean stated that lockdown had been somewhat of a surprise to pharmacy, as with many other services and initially the service had been quite overwhelmed. Patients had wanted to make sure that they had sufficient medication and some pharmacies had received scripts for much larger amounts than usual, which had created issues with supply chains. Some pharmacies had struggled with regards to manpower if staff became ill or had had to care for children who were out of school. Many initial issues had been resolved by April and May.
- Members were advised that pharmacy had been given £300 per pharmacy to cover Covid measures such as putting up plastic screens in the stores. The Pharmacy Funding model was complex; the pharmacy had to pay in advance for stock and only received payment 3 months after a prescription for the relevant medication was presented. Many pharmacies were in debt. Whilst the Government had advanced funds for 2 months, these funds would need to be repaid. In Oxfordshire 5% of all pharmacies had been lost in the last 4 months due to financial pressures.
- Councillor Frewin went on to ask about pharmacy involvement in Track and Trace and was informed that there was none.

- In response to a question from Councillor Frewin, regarding plans for a vaccine against Covid 19, David Dean stated that in terms of preparedness, pharmacy had been working hard to prepare for a possible second wave of the virus. It was not known when a vaccine would be available but pharmacy would be on the front line with other health services, helping to deliver any vaccine as it became available.
- A strong flu season was expected and 20,000 vaccines had already been delivered in the first two weeks, approximately double usual figures. Whilst the Government had promised additional flu vaccines for later in the year, it was possible that there may still be supply issues.
- Councillor Bishop Firth asked about flu vaccinations in care homes. Kevin Barnes commented that about 20% of flu vaccines had been delivered already and 86% of those had been given to those over aged over 65. He was unsure at present how many of these had been delivered in care homes and how many had been delivered to walk in patients in pharmacies. GPs took primary responsibility for delivering flu vaccines within care homes.
- David Dean emphasised that this year a 100% take up of flu jabs amongst care home staff was encouraged. It was important that care home managers made sure that their staff took up this offer. He suggested that this was something that the Council could help to publicise and encourage. The previous year approximately half of staff had received a flu jab.
- Councillor Bishop Firth asked whether flu jabs were free for care home staff and was informed that they were. They were also free for all domestic carers, shielded patients and those living in the same household.
- Councillor Jones asked whether any pharmacies in the Borough had closed recently. David Dean commented that Lloyds in Woodley had closed in February. Pharmacy was under great financial pressure, like many other businesses and funding had not changed for the last 6 years.
- Councillor Loyes asked how many pharmacies there were in Wokingham and how pharmacy locally could cope with future demand, should some pharmacies go out of business, and the local population increased. It was confirmed that there were 21 pharmacies in the Borough. David Dean stated that the way that people got their prescriptions was changing and there was a big push, in particular from some of the larger companies, to move online. It was important that those services which could not be offered online were continued to be supported and also all those patients who did not have access to online facilities.
- Councillor Loyes asked how LPC worked with contractors. David Dean stated that it represented all contractors and was there to provide help and support.
- Councillor Swaddle questioned whether pharmacists were considered key workers with regards to receiving priority tests for Covid 19. She was informed that they were.
- In response to a Member question about staff levels during the pandemic the Committee was informed that there was a healthy locum population. PPE had been an issue initially but was now less so. David Deans thanked the volunteer groups in Wokingham for their assistance in delivering prescriptions during lockdown.
- Councillor Mather asked about the continued provision of nomad packs. David Dean indicated that the making up of nomad packs was complex and time consuming. It was important that those who needed them continued to receive them. However, it was possible that some patients who had received them in the past may not have had all other possible alternative options, such as large print labels, discussed with them. In addition, NICE and the Royal Pharmaceutical Society advice was that if medication was removed from its original packaging it was no longer possible to guarantee its efficacy. Councillor Mather asked who

Councillors could contact should a resident complain about the removal of the nomad pack service. David Dean stated that every community pharmacy had access to an assessment form. A pack had also been put together to help contractors to make decisions. Nomad packs and free prescription delivery were undertaken on a purely goodwill basis by the individual pharmacies.

- Members were informed of the LPC website. Kevin Barnes and David Dean agreed to come back to a future meeting of the Committee.

**RESOLVED:** That

- 1) Kevin Barnes and David Dean be thanked for their presentation;
- 2) the presentation be noted.

## **19. DENTAL SERVICES**

Members were asked to submit questions on the report which could be sent to the relevant officers.

It was agreed that this item would be deferred.

## **20. BUILDING BERKSHIRE TOGETHER - HOSPITAL BUILDING PROGRAMME**

Nicky Lloyd, Acting Chief Executive, Royal Berkshire NHS Foundation Trust and Victoria Parker, Director of Communications, Royal Berkshire NHS Foundation Trust provided a presentation on Building Berkshire Together – hospital building programme.

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

- Nicky Lloyd thanked those who had supported the RBH during the pandemic. She referred to people bringing in hot food so that staff could have hot food breaks, volunteers sewing scrubs, the use of a bus service provided by a local school, and the delivery of prescriptions when RBH had moved to virtual clinics, amongst other initiatives.
- The Building Berkshire Together development programme was a once in a generation opportunity.
- Victoria Parker stated that the Foundation Trust hoped to receive funding to develop a Strategic Outline Case (SOC) to develop its estate, and if that went successfully through the Treasury and Department of Health and Social Care, an outline business case would be developed and further engagement would take place with key stakeholders and communities. A further business case would then be developed. This process, if successful, would take a number of years.
- Under the Government Health Infrastructure Plan, (HIP), funding would be provided for 40 new hospital projects over the next ten years. The Trust was one of 21 NHS Trusts to receive seed funding of £2million to develop ideas. All possibilities would be considered. It was a major opportunity for the Trust and for the local communities and staff to improve services, patient experience and the environment.
- Victoria Parker set out the case for change:
  - Condition – much of the buildings and building fabric was in poor condition, the estate having been built over a long period. The CQC, after a recent visit, whilst it had applauded the level of care provided, had had some concerns regarding the condition of some of the buildings.
  - Capacity – the demographic was growing and the population ageing. It was important that the buildings were fit to meet future needs.

- Capability – the Trust was a good place to work but could be better. Redevelopment would create an opportunity for first class training and development and attract more staff. The existing buildings were designed to support an 18<sup>th</sup> and 19<sup>th</sup> century model of clinical care and limited the capability of staff to provide high quality modern healthcare for the local communities.
- Climate – the Trust was committed to the green agenda but the current estate was not environmentally friendly and was expensive to run. Buildings needed to have green spaces to improve the quality of environment and to reduce the Trust’s carbon emissions.
- Catalyst – the Trust as an anchor institution had a desire to develop its strategic partnerships and to play its part in the economic development of communities.
- Supporting the care closer to home agenda and ensuring that patients had to travel less, was important.
- The Trust was currently at the development of the SOC stage. Input had been received from the ONS population, internal feedback from staff and engagement with stakeholders.
- Possible scenarios included:
  - Refurbishment and some rebuilding on the existing site – parts of the buildings were not fit for purpose.
  - 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. The Trust would want to retain adjacencies with partners such as the University of Reading and also travel plans would need consideration.
  - Other partial or additional scenarios.
- Each scenario had pros and cons covering a range of areas;
  - Adjacencies
  - Environment
  - Economy
  - Speed
  - Compliance
  - Cost
  - Convenience
- Next steps in the process were outlined. Further engagement would take place with key stakeholders and unique features such as the relationship with the Life Sciences Park, identified. The SOC would be developed and delivered in Autumn and whatever option was preferred would need to fully align with the Trust’s Vision 2025 and beyond.
- Members were informed that the Trust had an engagement microsite. There had been around 3000 visits to the site so far and approximately 10% of those visits had translated into the completion of surveys outlining what people did and did not want for the future. The Committee was encouraged to provide their views via the microsite.
- Councillor Jones questioned whether the Trust wished to become a teaching hospital as this was a good way of training and retaining good quality staff. Nicky Lloyd commented that it did. Strong alliances with the University of Reading were already in place. In addition, two specialities had achieved excellence in terms of teaching and research and the standards set for them by the university. The hospital already hosted students from the Deanery, on their placements and rotations. Creating a medical school would take time but was a proven model of

successful delivery. Research and the ability to be involved in teaching to broaden their professional scope, was attractive to many staff.

- Councillor Jones asked how much the different scenarios would cost and also where a new hospital would be located should the option of building a new hospital on either a greenfield or brownfield site, be progressed. Nicky Lloyd stated that the funding process was lengthy, although Alok Sharma was working with the Trust to try to reduce this. The Trust was currently working on the SOC and all different options from a minor refurbishment to a full rebuild in a different location, had to be set out as part of that. The different possible scenarios all had hugely different indicative costs and the SOC would help to establish what funding would be available and the Treasury's views on what would be financially achievable. It was important that the built environment supported the clinical strategy. Nicky Lloyd went on to say that in terms of alternative sites, there were no fixed views of where might be suitable. However, planning requirements would be key to any considerations.
- Councillor Frewin asked that his thanks be passed on to staff for the hard work that they had undertaken in the pandemic.
- Councillor Frewin commented that the hospital's current location was good for those travelling to the hospital by public transport but less so for those travelling by car. Parking was already an issue and he felt that this would worsen as the local population grew and if the site was extended. Nicky Lloyd stated that the area was one where significant growth was projected in terms of population, patient and traffic size.
- Active engagement was taking place with users of all six of the Trust's sites about reducing the impact on the environment and providing alternatives. During the pandemic, many appointments were virtual and a lot of activity was moved away from the main Reading site to other sites in order to dilute the volume of visitors. Work was also being undertaken with staff on reducing car usage where possible. Staff could purchase a bicycle through the payroll deduction scheme. Shower block and changing facilities on site were being refreshed to help encourage more green travel. Many patients would still need to use private vehicles and one of the requirements of whatever change was made to the estate, was that sufficient site flow was in place.
- Members were informed of the new app which helped to triage people before they came to A&E.
- Deliveries were coordinated so that they did not take place during rush hours.
- During the pandemic the University of Reading and Reading Borough Council had made a number of parking spaces available to staff on the streets of Reading, in the Queen's Road car park and on the Whiteknights campus. It was hoped that some of this could be continued.
- Victoria Parker stated that travel and transport were always controversial issues when looking to make changes. An informal consultation was being carried out with staff to establish those who absolutely needed to bring their cars, for example if they were travelling between sites for clinics. This work was ongoing.
- Councillor Frewin emphasised that the hospital ran 24 hours a day so park and ride was not appropriate for those working out of hours.
- Councillor Bishop Firth commented that the current site was not overly accessible. She asked how much the Trust could make a case that a site that was accessible by green transport and public transport, was important. With regards to accessibility, Nicky Lloyd indicated that Access Able had been engaged to review accessibility of the signage, steps and ramps and wayfinding on arrival at the

building. Covid had meant that arrival times and appointment times had been more spread out than usual.

- Members were asked to feed back any particular routes around the hospital which were problematic for traffic.
- Councillor Mather referred to his own personal experience of the Reading site. He agreed that the fabric was not fit for purpose in parts and referred to nurses not being able to fit into a corridor at one time due to the narrowness of the corridor.
- Councillor Mather emphasised that he felt that the Trust should be ambitious. He questioned whether consideration had been given to becoming a major incident hospital. Nicky Lloyd confirmed that currently major trauma cases were either sent to London, Oxford or Southampton. The Trust was trying to be ambitious and to secure the maximum amount of funding available to it. She outlined the likely timescale for the process. Depending on the scale, plans could take up to 8 to 10 years to come to fruition, although work was being carried out to try to expedite this.
- On the microsite, questions were being asked as to what people did and did not want to see from their future hospital, such as whether there should be a hot and a cold site; one site able to do elective work and planned orderly work, and another site that dealt with emergencies and urgent care provision.
- The Trust had been actively looking for additional funding and had recently secured £4.5million to help enlarge the existing emergency department, creating additional cubicles for majors and paediatrics and increasing the size of the waiting area.
- Members were informed that the Committee had also applied for an early draw down of funding from the HIP2 scheme. Funding had been secured to help de-steam the site and move over to a green boiler by March 2021.
- Input was being sought from the commissioners both local, regional and national about what services would be required going forwards.
- In response to a Member question regarding engagement with the Clinical Commissioning Groups, Nicky Lloyd stated that they had recently spoken with James Kent, Executive Lead of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS) and Accountable Officer of the three Clinical Commissioning Groups, who was undertaking a review of the structure and commissioning arrangements required.
- The Trust was working closely with the Primary Care Network and during the pandemic, the TICC-19 Pathway Triage had been developed which brought together the early diagnosis of Covid and created virtual wards of patients suspected of having Covid. Relationships between different branches of the health service had been greatly strengthened.
- Councillor Grandison stated that he would prefer a new hospital on a greenfield site as the current site had some challenges.
- Nicky Lloyd commented that one of the greatest challenges of a substantial rebuild would be the phasing of the project and the minimising of the disruption to staff and patients.
- Councillor Grandison asked whether PFI funding had been included. Nicky Lloyd indicated that the Trust would not look to go down an expensive loan finance route. Other routes might be considered such as joint ventures.
- Councillor Grandison questioned what councillors could do to support the project. Victoria Parker stated that support from them as key stakeholders was welcomed. She encouraged the Committee to provide their feedback via the microsite or via a letter. The Committee agreed that a letter of support would be produced.

- In response to a question from Councillor Loyes, regarding population growth, Nicky Lloyd indicated that population health management data was used to help model projections. Data was also provided by the local authorities.
- Councillor Frewin commented that he hoped that the process took less than 8-10 years as the need for an improved hospital facility was urgent.
- Councillor Jones questioned when the consultation would finish. Victoria Parker reemphasised that the SOC would be submitted in early October but the Trust would be seeking further input as it sought to refine its plans.

**RESOLVED:** That

- 1) Nicky Lloyd and Victoria Parker be thanked for their presentation
- 2) the presentation be noted.
- 3) the Committee produce a letter of support and that Members of the committee complete the survey on the Trust's microsite.

## **21. UPDATE ON WORK OF HEALTHWATCH WOKINGHAM BOROUGH**

Members received an update on the work of Healthwatch Wokingham Borough from Nick Durman, Healthwatch Wokingham Borough.

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

- The way Healthwatch worked had had to change during the pandemic, as face-to-face engagement had not been possible. It had engaged with its voluntary and community sector partners throughout the pandemic. Nick Durman referred to the twice-weekly meetings held with CLASP which were held via Zoom.
- A number of residents had indicated that they had difficulties accessing timely and accurate information about health services, particularly dental services.
- Members were informed that some people who had hearing difficulties and needed to lip read had had trouble with accessing services, with the need for people to wear face coverings.
- It was agreed that an additional Health Overview and Scrutiny Committee meeting would be arranged to hear a further update from Healthwatch.
- Councillor Bishop Firth indicated that the British Medical Council had recently passed two Motions relating to health inequalities in the BME and transgender communities. She questioned if the Committee could review how these groups were served. Councillor Miall questioned whether the Wokingham Borough Wellbeing Board would review this area.

**RESOLVED:** That the update be noted and that an additional meeting of the Committee be scheduled to receive a further update.

## **22. FORWARD PROGRAMME**

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

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

- An additional meeting of the Committee would be scheduled for October.

- Whilst it was appreciated that a written report had been provided on dental services Members requested that officers be invited to the next meeting to provide the presentation if possible.
- The Overview and Scrutiny Committees were reviewing the Council's response to Covid. The Health Overview and Scrutiny Committee had received information on the Council's response to Covid in relation to care homes and would review how the Council had worked with its health partners. Councillor Swaddle indicated that the Overview and Scrutiny Management Committee would be pulling together the findings of all the scrutiny committees.
- Councillor Swaddle indicated that the Children's Services Overview and Scrutiny Committee would be receiving an update on CAMHS and that the Health Overview and Scrutiny Committee members would be invited to this.
- Nick Durman suggested that the Committee might wish to look at population health management in future.
- Councillor Bishop Firth commented that there had recently been an article in the Wokingham Paper regarding a case dating back to 2015 where an elderly man had had a maggot infested wound. She wanted assurance that the action plan was being followed up. It was confirmed that whilst the Committee did not follow up individual cases, assurance could be sought regarding the processes in place.
- Jim Frewin requested a briefing paper on ambulance response times to enable Members to assess whether this was something which should be further reviewed by the Committee.
- Councillor Swaddle commented that in future briefing sessions for the Committee should be opened up to all Members.

**RESOLVED:** That the forward programme be noted.

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**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
HELD ON 19 OCTOBER 2020 FROM 7.00 PM TO 8.15 PM**

**Committee Members Present**

Councillors: Ken Miall (Chairman), Abdul Loyes (Vice-Chairman), Rachel Bishop-Firth, Jenny Cheng, Guy Grandison, Clive Jones, Adrian Mather, Jim Frewin, Barrie Patman and Emma Hobbs (substituting Michael Firmager)

**Others Present**

Nick Durman, Healthwatch Wokingham Borough  
Madeleine Shopland, Democratic & Electoral Services Specialist

**23. APOLOGIES**

An apology for absence was submitted from Councillor Firmager.

**24. DECLARATION OF INTEREST**

Councillor Jones declared a Personal Interest in item 27 Update on work of Healthwatch Wokingham Borough, on the grounds that he had recently been elected to the Royal Berkshire Hospital NHS Trust Board of Governors. He was due to assume this role in November.

**25. PUBLIC QUESTION TIME**

There were no public questions.

**26. MEMBER QUESTION TIME**

There were no Member questions.

**27. UPDATE ON WORK OF HEALTHWATCH WOKINGHAM BOROUGH**

Nick Durman provided an update on the work of Healthwatch Wokingham Borough.

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

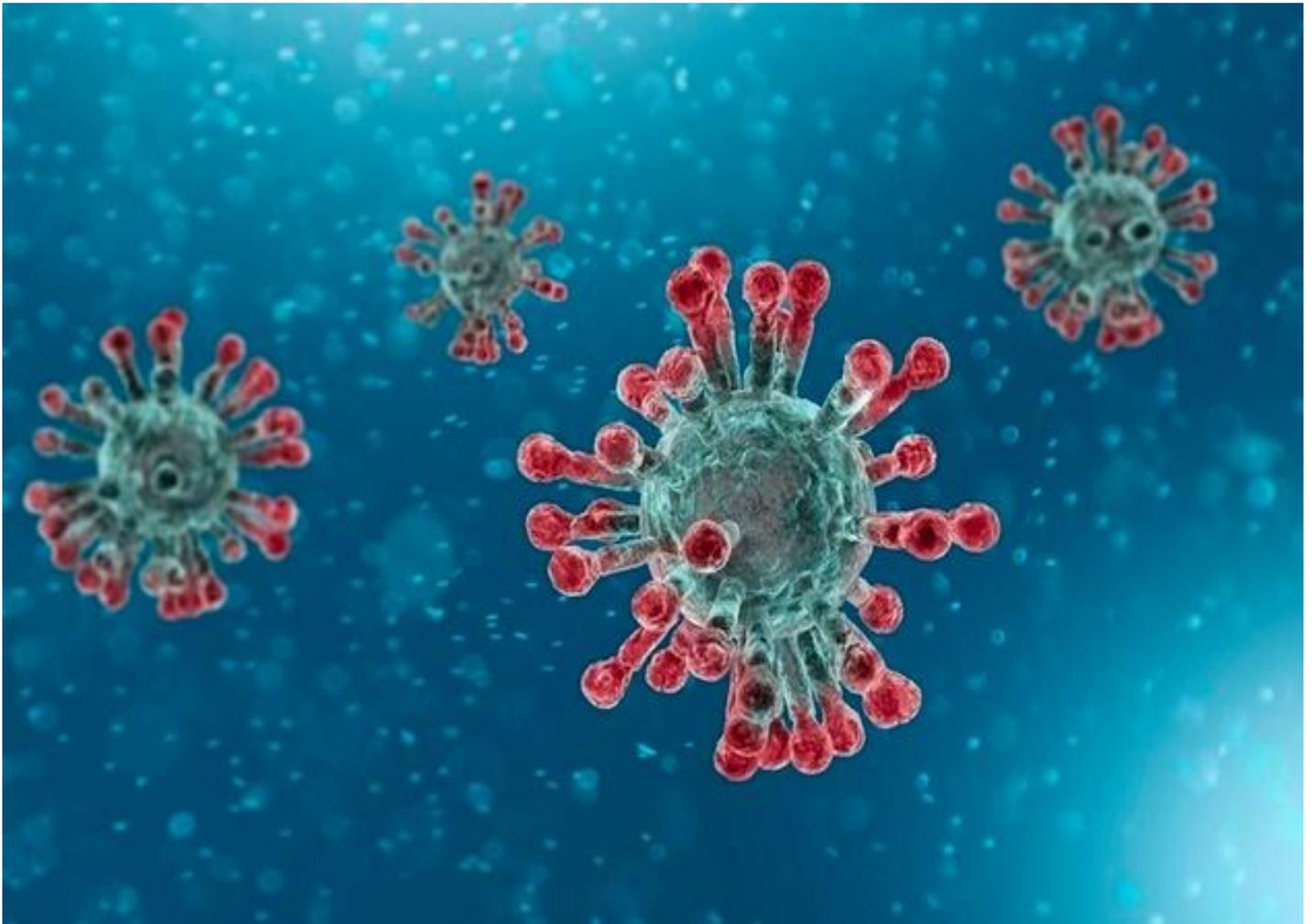
- Members were asked to disregard p14-15 of the agenda which had been issued in error.
- The way Healthwatch worked had changed significantly as a result of the pandemic and online interaction had increased. Healthwatch had focused particularly on the advice and information provision element of its service. Reach via Facebook, Twitter and other types of social media had increased significantly.
- Collaborative working with partners such as the CCG and Royal Berkshire Hospital Trust had strengthened.
- Healthwatch participated in weekly Zoom meetings with CLASP and the Learning Disability Board, to hear about any issues of concern.
- Healthwatch had helped to source easy read information regarding anxiety and worry.
- Members were informed of a case where a resident who had had learning disabilities had had their nomad pack service withdrawn, leading to a loss of some of their independence. The pharmacy who had withdrawn the service had indicated that they had undertaken an assessment with the individual's GP. However, the individual had indicated that they personally had not received any contact. Kevin Barnes from Thames Valley LPC had helped to source a different pharmacy to undertake the nomad pack service for that individual.

- CLASP had indicated that some people with learning difficulties had found it difficult to find easy read information on dentists' websites.
- Healthwatch had undertaken a mystery shop of dentist and GP practice websites to ascertain how easy they were to use. The results of the dental service survey were contained within the agenda. A response had been sought from the providers. A number of residents had reported finding it difficult to access information about NHS dentist services and to access the services themselves. Services available varied between dental surgeries.
- Healthwatch had had reports of people finding the website for Royal Berkshire Healthcare Trust, difficult to use, particularly for vulnerable groups. Various issues had been fed back by the Berkshire West Healthwatches. A project to rebuild the website had been brought forward. The engagement phase had been completed and it was hoped that the new look website would be in place by late Autumn. Councillor Frewin asked that the Committee be kept updated on progress.
- The Committee was informed that a number of deaf and hard of hearing residents who lip-read, had reported to Healthwatch that they found telephone or video GP consultations, difficult. Healthwatch had raised the matter of GP practice staff wearing face coverings with transparent windows to communicate better with patients with hearing difficulties, and who relied on lip reading, with the CCG.
- Councillor Bishop-Firth commented that she was pleased to hear about the work undertaken with residents with hearing difficulties and those with learning difficulties. She questioned whether Healthwatch would be undertaking work around other groups such as BAME and the elderly. Nick Durman emphasised that Healthwatch Wokingham was a small team and as such had to prioritise its projects. He was aware that the Council was undertaking work with the BAME community. Healthwatch would in future be undertaking work on the experience of carers, before and during the pandemic.
- Members were informed that there was a disparity between GP surgeries around access. In some surgeries, you were able to wait inside if you socially distanced, and in others, you were not.
- Nick Durman indicated that some residents continued to experience long waits for CAMHS services. It was noted that the Children's Services Overview and Scrutiny Committee would be receiving a presentation from CAMHS at their next meeting and that the Health Overview and Scrutiny Committee members would also be invited to attend the meeting.
- The Berkshire West Healthwatches had undertaken a survey of residents' experiences during the pandemic. 680 responses had been received, of which 174 had been from Wokingham Borough residents. Questions had covered matters such as mental health, experiences of using GP surgeries during the pandemic and the availability of information on services. Councillor Loyes asked how many Wokingham residents had indicated that they had experienced difficulties accessing GP services. Nick indicated that he would share the results of the report in the near future.
- Councillor Mather emphasised that it was vital that vulnerable residents had access to services that they needed. He offered support if any issues were identified within his Ward. Nick Durman commented that some voluntary groups such as CLASP had responded well to keeping in contact with vulnerable people, digitally, during the pandemic.
- A project was in place to look into the possibility of a community hub for the voluntary sector, facilitating collaboration. Several possible buildings had been identified.

- Nick Durman indicated that Healthwatch had shared the details of several voluntary groups with the company that was leading the consultation around the improvement of the Royal Berkshire Hospital Trust estate. Councillor Jones questioned whether any of the voluntary groups had submitted consultation responses. Nick Durman stated that a number had submitted responses around access and transport in particular.
- Nick Durman went on to state that the number of children admitted to hospital with non-accidental injuries had increased. Members agreed to ask the Royal Berkshire Hospital Foundation Trust for an update on this matter.
- The Committee discussed the funding of Healthwatch. Councillor Hobbs asked whether the Council should look to increase the funding it provided. Nick Durman explained how Healthwatch was funded and indicated that the Council had written to Healthwatch and other voluntary groups that received funding, to indicate that the contract expiration would be delayed by a year until April 2022.
- Members were informed that Nick was part of the Flu Action Group, which included partners such as the CCG and Berkshire Healthcare Foundation Trust. Discussions had been had about concerns GP practices had around purchasing PPE. Practices were required to register via a digital portal to order PPE.
- Flu jabs would be provided for those living and/or caring for those who were shielded. However, it was sometimes difficult for Berkshire Healthcare Foundation Trust to identify who these patients were as they were not able to get their names from the GP practices. Capacity was also a concern as issuing a flu jab now took longer, given the PPE and cleaning requirements.
- The Royal Berkshire Hospital had started to give flu jabs to its staff and were currently at a 60% uptake. In addition, those patients attending maternity appointments would be asked whether they had received a flu jab and would be offered one if they had not.
- Nick Durman informed the Committee of the CCG Patient Survey results which were due to be published shortly. It was noted that a number of surgeries including Wokingham Medical Centre and Woosehill, had performed less well in some of the questions asked to patients. Nick agreed to circulate the results to the Committee when they became available.
- Nick Durman indicated that the Committee would be provided with the following reports when they became available; perinatal mental health, mystery shop of GP websites and the Covid survey report.

**RESOLVED:** That the update on the work of Healthwatch Wokingham Borough be noted.

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# COVID-19 Survey

**Peoples Experiences of Health and Care  
Services and Accessing Information**

**DRAFT**

# Contents

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## Aims of the survey

The coronavirus pandemic has meant that health and social care providers have had to change the services they offer, and the way their services are delivered. The aim of the survey was to collect the views of residents in Wokingham Borough, in order to find out their experiences of changed services and whether they have been able to access the information and support they need during the pandemic.

To understand residents' experiences Healthwatch Wokingham ran a survey between May and July 2020. We received 173 responses from people across the Borough.

## Summary and Key Findings

From the comments and experiences shared with us, it is clear that people are hugely grateful to the NHS and social care and their dedication during the pandemic to take care of people.

There were a lot of examples of where services worked well. However, there are things that can be learnt:

**Information and Advice** – Some people found it difficult to find information about services, service change and how to access services. Some information was hard to find. Information wasn't always provided in a timely way and sometimes information wasn't updated during the pandemic and therefore signposted people incorrectly. Not all information was produced to help the disadvantaged for example easy read information for learning disabled or for those whose first language isn't English.

**Accessing Services** – There were problems accessing certain services, especially dental care and phlebotomy

**Video Consultation** – The majority of those people who used video consultations were satisfied with the service and the majority would be happy to use it again.

**Not Using NHS Services** – It was a concern that some of those who didn't use services, didn't do so because they didn't want to bother the services or thought their problem could wait

**Mental Health Impact** – Unsurprisingly, a majority of people who responded to the survey experienced an impact on their mental health to one degree or another

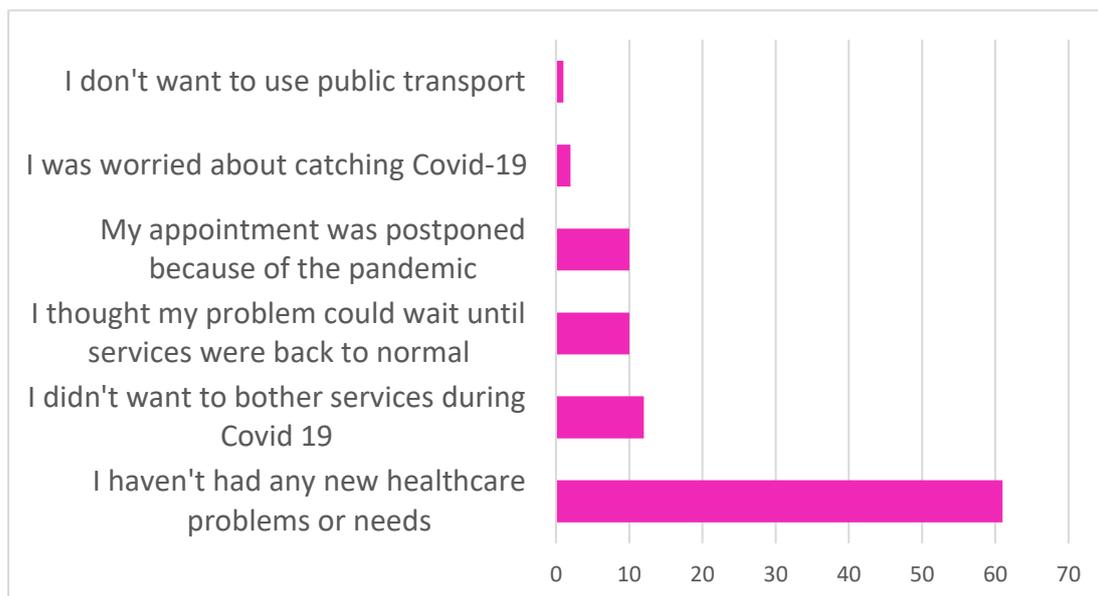
## Shielding and Covid

We asked people if they were shielding and whether they'd had Covid19. 14% of respondents had received a letter from the government asking them to shield. Most people did not believe they'd had Covid19, only 1 person had received a positive test and a further 10 people had been advised by NHS 111 that they probably had it based on their symptoms.

## Using NHS or Social Care services

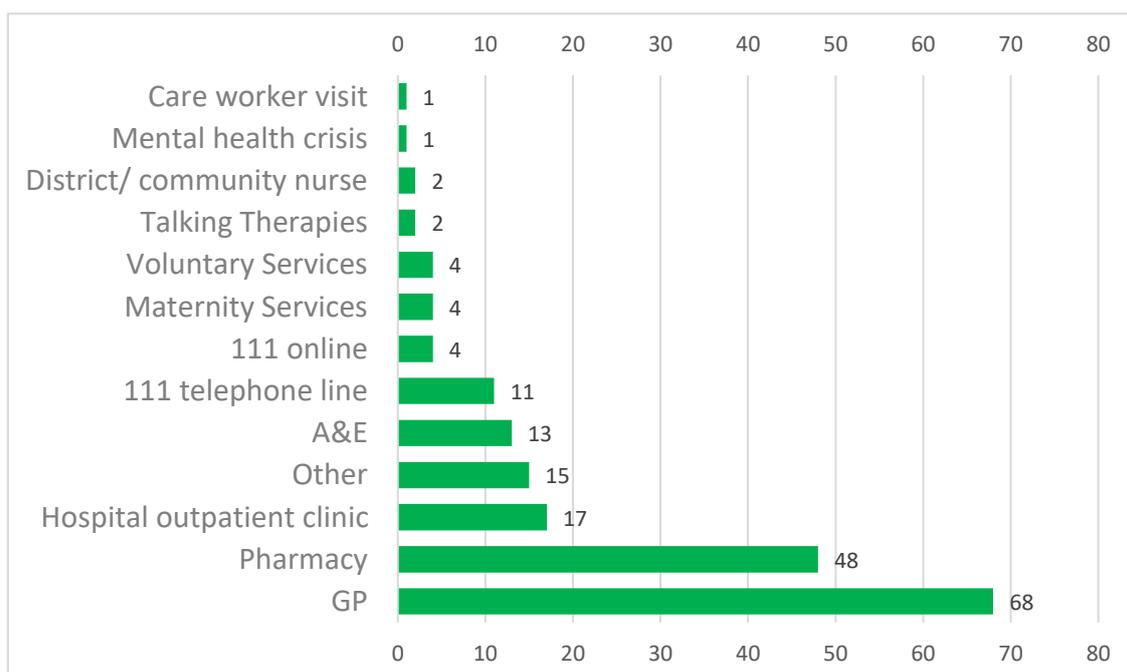
We asked people if they had used NHS or social care services since March 23<sup>rd</sup> (when lockdown began). 51% of people had used services, 49% hadn't used services.

For those that hadn't accessed services we asked why not. The reasons given were:



Back in April the NHS launched a [campaign](#) to encourage the public to continue to use NHS services as soon as they are needed. It is a concern that some of the 42% of people who said they hadn't used services felt they couldn't or didn't want to.

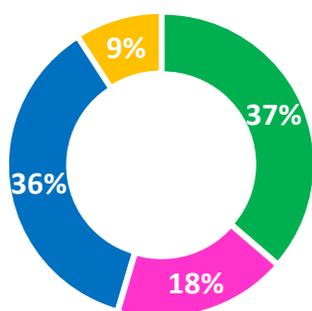
We also asked what services people had used from May-July. The majority focussed on GP and Pharmacy.



## Video Consultation

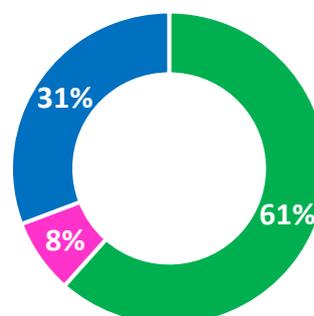
We asked people if they had used video or phone consultations. 15% of people who had used services had been offered a video consultation and we asked them more about this. 55% were either very satisfied or satisfied. 36% seem undecided while only 9% were dissatisfied. Of those who had used video consultation, 61% would be happy to have a video consultation again. 31% were undecided and only 8% would not want to use video consultation again.

How satisfied were you with your video consultation?



■ Very satisfied      ■ Satisfied  
■ Not sure            ■ Dissatisfied

Would you be happy to have a video appointment again in the future?



■ Yes    ■ No    ■ Maybe

I felt safe and able to show the GP a rash on the screen

I live on my own and couldn't physically reach around my back to show the doctor

I used push doctor it was fast and efficient

The audio was bad so I had to revert to a normal phone call

## Mental Health

We asked people about the state of their mental health during coronavirus. Of those who responded, 61% indicated they experienced an impact on their mental health to one degree or another. However, 39% reported feeling generally happy most of the time.



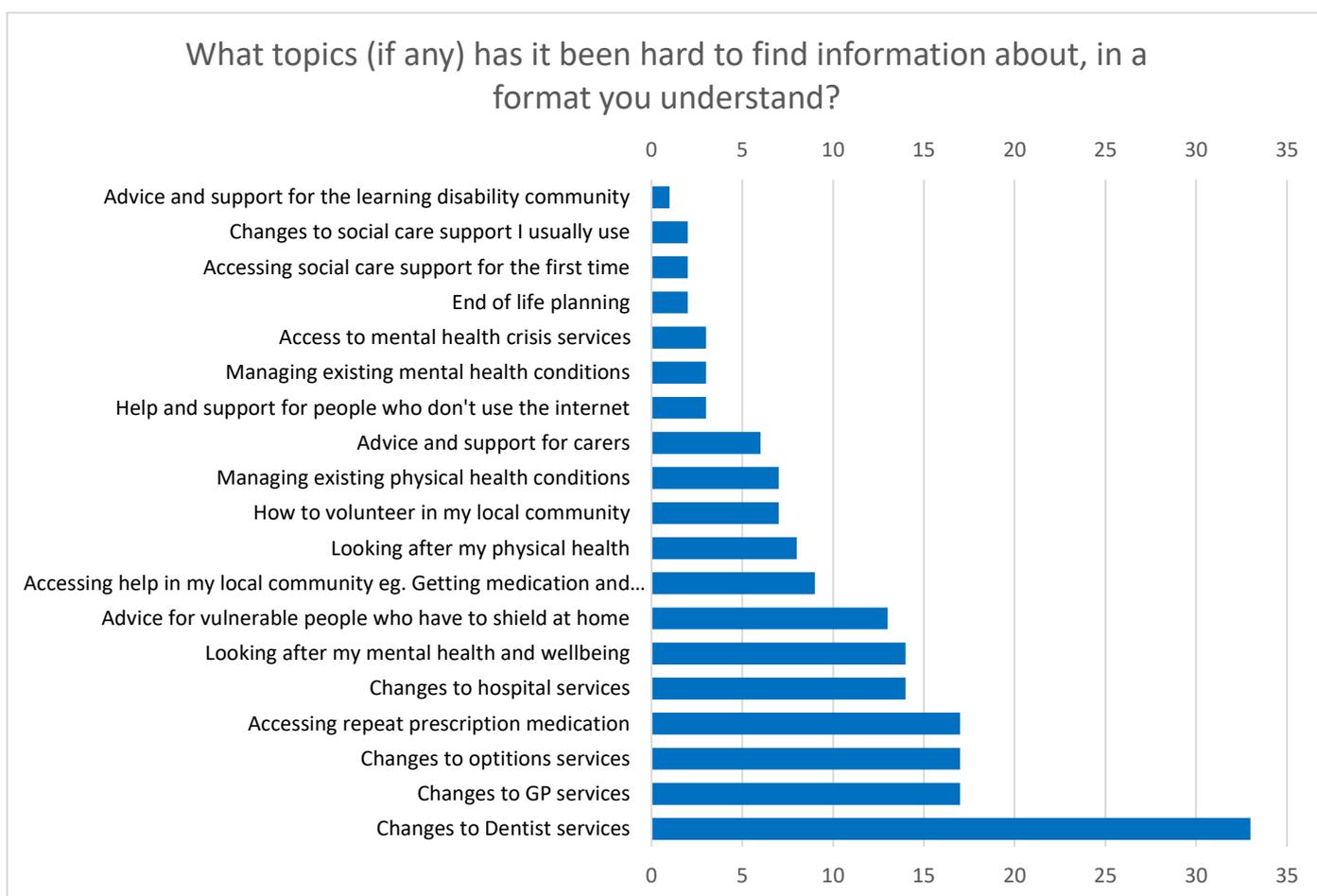
-  Living alone in lockdown (well over 70) not good. Son and daughter in law are caring for me - my son phones every day for a chat and to check on me. But I've not been out since lockdown - it's hard.
-  Used to living on my own so it has affected me minimally.
-  Stressed because of increased work commitments and challenges caused by working online which were exhausting to get used to.
-  I have been fine but really emotional.

## Information and Advice

Healthwatch Wokingham had been hearing from people throughout the pandemic who were finding it difficult to find up to date and timely information about some services. In the survey we asked people which services it was hard to find information about. People reported that they couldn't always find the information they wanted about a range of services. The top 5 services that people had difficulty finding information were: Dental, GP, Opticians, Pharmacy and Hospital.

Healthwatch Wokingham had fed back to the Royal Berkshire Hospital that it was difficult to navigate their website and find clear information. In response have begun a project to build a new website and we have fed in our comments, based on discussion with local VCSe groups.

In addition, based on comments from the public and the results of this survey question, we have carried out a review of all Wokingham Borough GP surgery and Dentists web sites, with the help of CLASP (adult learning disability group,) to see how clear and accurate their information is.



# Recommendations

## Information and Advice

All health and care services need to Provide timely up to date information about any changes to services and how they are delivered. This is important for everyone but particularly to disadvantaged individuals. People need up to date information that is easy to find in order to know if services are open and if so how are they accessed. It is important that people are well informed particularly if they are currently undergoing treatment.

Services need to provide information that is easy to find and presented in formats for those who are disadvantaged or don't have English as a first language or are learning disabled and need easy read documentation. This needs to be done in parallel with the original information source and not afterwards.

Dental service providers need to provide more information on their websites about their services, how to access the service, if the service isn't open what alternative services are in place and what to do out of hours.

## Video Consultation

Whilst responses regarding GP and hospital video consultation were very positive in general, there were some issues and service providers need to ensure they continue to offer a choice for those who can't use the technology or don't want to use the technology.

## Not Using NHS Services

Some people didn't use NHS services because they felt fearful of accessing services. Service providers need to provide clear, consistent messaging to people in a way that makes people less anxious about visiting services and understand what to expect when they access the service. This might make use of photos/videos to explain, this is particularly helpful for those who might find it difficult to read information.

## Mental Health Services

Commissioners to make timely provision for any increase in need for mental health services as a result of the mental health impact of coronavirus on the local population.

## APPENDIX A



### Responses - Examples Of Where Services Worked Particularly Well



- The staff on Loddon ward were very good with calling me with daily updates.
- Covid test centre was very efficient.
- Brookside surgery worked very well.
- I had contact from WBC which was very positive and helpful.
- Telephone consultation from the surgery was excellent.
- Wokingham cpe very fast to triage mental health crisis.
- Staff at Royal Berks were incredibly reassuring, especially as I had to attend the scans alone.
- My GP surgery was efficient and kind. They kept non-COVID patients separate.
- RBH was particularly impressive. Although the condition turned out to be minor, the breast team reassured me that I had done the right thing.
- Talking therapies have been amazingly quick and supportive.
- Doctor provided a thorough consultation on phone to discuss a medical problem my daughter was having.
- Very quick service at outpatients.
- Outpatient dermatology was very efficient.
- Brilliant telephone support from The Nursing Practitioner at Woosehill surgery.
- Excellent safe service at Brants Bridge.
- My wifes discharge went quite well and the barriers were up in the car park so it cost nothing to park.
- WBC in conjunction with CAB very helpful. Volunteer rang every week to see if I needed help.
- Regular phone call from social care to check all was well. Much appreciated.
- RBH phone consultation from pain clinic for husband was excellent, GP video call service worked really well.
- Telephone consultations are much easier and quicker than going into the doctors surgery.

## APPENDIX B

### Responses - Where Services Could Have Worked Better

- Better communication generally from RBH departments except Loddon Ward.
- Having to go from Reading to Bracknell for a Blood Test. Why is it closed at the RBH in a town this size.
- Problems from outset regarding shielding letter and seemed to be lack of interest by GPs practice and even more so by the specialist team at RBH who were not interested.
- Communication from RBH maternity services has been confusing. Told one thing on the phone by a midwife and then receive a letter that says another. They are still sending out standard letters saying you can bring someone with you to scan when this is not the case.
- I was not forewarned by the doctor's receptionist when arranging to give a blood sample to wear a mask/scarf when attending.
- Clarification from RBH of what I should be doing would have been nice, while I waited for treatment.
- CAMHS have not been particularly organised and clear at times about services and appointments.
- speak to a nurse for a very important yearly screening who was unable to fully grasp my situation leaving me very despondent.
- Had to make a number of calls and several emails to surgery to get a shielding letter.
- No letter or text confirmation of outpatient appointment just a phone call.
- Pharmacies have been a nightmare, don't always have all your medication, complete lack of customer communication and car.
- 111 service. I called and was on hold. Got cut off. Happened 10 times before I gave up.
- Was sent to rbh for xray when got there told I should have gone to Bracknell.
- DId not get feed back from RBH Dawn system from Haematology dept without me making phone calls to them. Felt a bit abandoned by the system.
- Eye casualty had removed their emergency phone number which caused hassle. Felt abandoned.
- I couldn't find the information I needed about dentistry services during covid-19.
- It is difficult to find information about dentists and impossible to find a local NHS dentist.

## APPENDIX C



### Thank You to Health and Care Workers

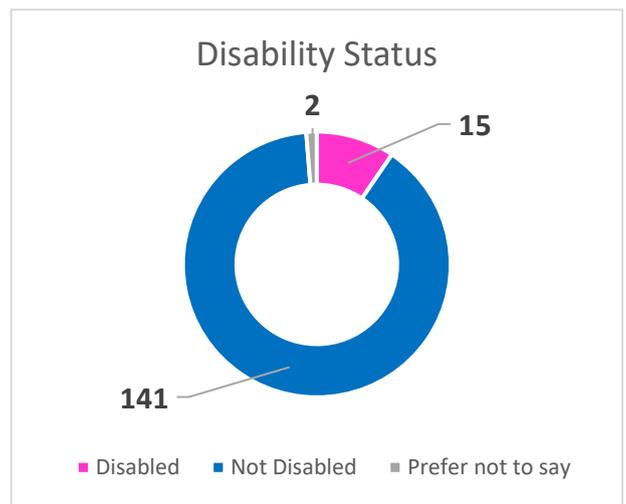
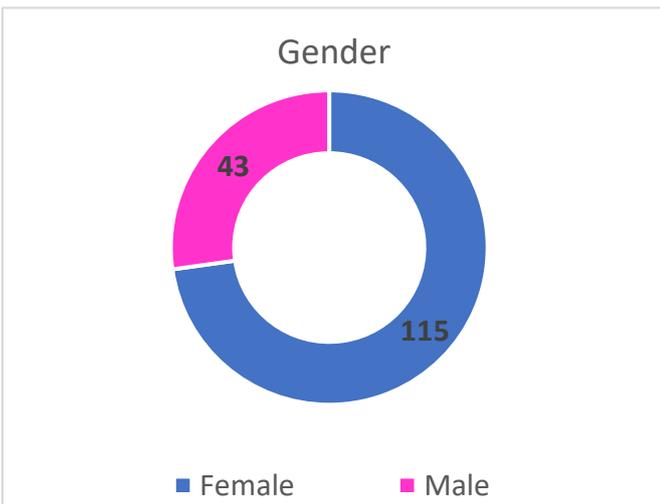
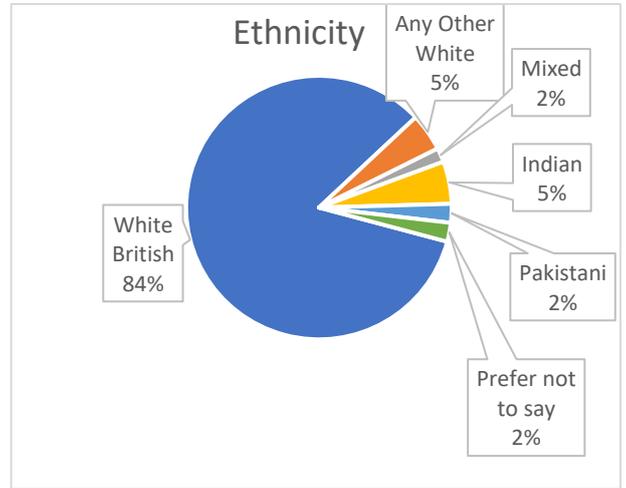
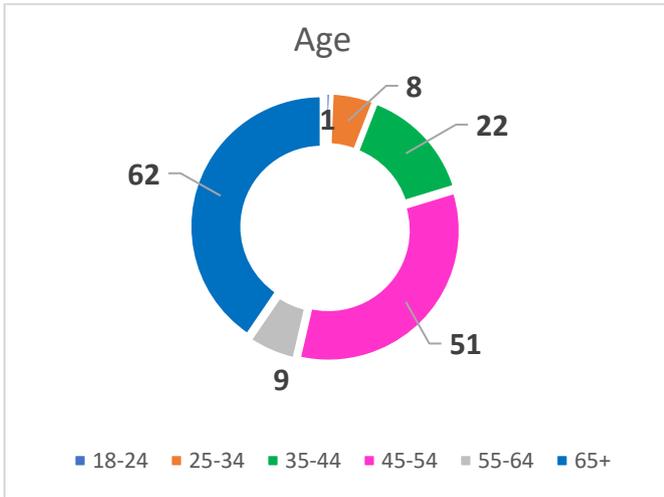


In our survey we gave people the opportunity to give words of thanks to health, care and other keyworkers. Those responses have been captured below:

- Thanks to Ambulance, A&E and AMU staff who cared for me.
- I have tremendous admiration of the NHS and all their support staff for their dedicated and committed work ethics.
- Woodley centre surgery I think all the services are going a great job, including bin men, retail workers and post people - I feel they are overlooked with everything focusing on NHS.
- NHS/postie/bins/cop/fire/local shops. Well done all!
- Wokingham Medical Centre and Boots Pharmacy have been very helpful.
- Thank you to everyone helping to keep us safe and providing deliveries and shopping facilities.
- Jay at Jats Pharmacy for persistently trying to get my out of stock medication!
- The NHS are doing a fantastic job and deserve all the praise they can get.
- Twyford surgery and Fields pharmacy for their sympathetic and positive help with questions and help.
- Thank you to all key workers as I am one myself, I know what you are all going through.
- Thank you to all staff and teams on frontline and behind the scenes.
- Thank you to Dr Fairey and all the staff at Woosehill Medical Centre who are working really hard under great pressure. Everything you are all doing is appreciated. Keep well.
- Thank you to ALL those working hard to keep us all safe - we should never take them for granted
- Thank you to all who are still working hard in ways you didn't think possible, even when you were worried about your own health.
- I would like to extend my thanks to Dr Gordon at RBH for her excellent care and communication when my son's follow up appointment was switched to a telephone call. It was actually easier for my son than going into the hospital.
- Thanks to GP and Royal Berks for sorting pain in varicose veins.
- Thank you to all key workers, post office, council, teaching staff, supermarket staff, medical staff and anyone else. Thank you to every parent who has managed to support their children through lock down.

- A big thank you to all the volunteers of course. But often overlooked and taken for granted, our refuse collection operators provide an excellent service and continue through the pandemic - a big thank you to them.
- I have thanks for all the people who have gone above and beyond the line of duty during this pandemic.
- Thank you to my brilliant neighbours who regularly get my shopping.
- Funeral staff - they have said nothing and yet they must be overwhelmed by the changes to the service they offer loved ones and their families.
- Twyford surgery deserve recognition for their Facebook outreach. Lots of useful information and some light-hearted humour. Made them feel very approachable.
- Thank you to Caroline Jennings. Neuropsychologist within community neuro rehab team Wokingham.
- Wokingham Volunteer pharmacy delivery was excellent.
- Twyford Surgery have been friendly calm and reassuring as if mine was the only call they handled: which I know wasn't true!
- Big thank you to Finchampstead Surgery: Reception, doctors, the organisation and the pharmacy too. Use of telephone consultation to sort problems out fast is excellent.
- Totally respect them all, especially putting lives of family on the line.
- Appreciate the phone calls from Wokingham Social Services to check on our current situation. So far have not had to use them.
- Thank you to the fracture clinic at West Berkshire Hospital Thatcham.
- The CAB/Wokingham council group provided me with essential foodstuffs, free of charge, before I could get a vulnerable supermarket slot. I have expressed my thanks whenever possible and put funds to cover into the charity named. Many thanks again. It was a lifesaver.
- Thanks to the volunteers for food and prescription collection and delivery help especially Sherrie Foo and Alistair. To our neighbour Sandy and to Apex Care Services especially Beverley for weekly support for my wife.
- The SCAS staff who took my wife to the RBH and thence to the JR were magnificent and there was one particular nurse at the JR who was also very good.
- The Citizens Advice, were really helpful. A big thank you to them.
- Thanks to WBC, CAB and Volunteer service.
- Think WBC and volunteer hub have been great. And dustbin men etc.
- Excellent service from Finchampstead Surgery. Wokingham Volunteer service very helpful with collection of prescriptions. Jats Pharmacy very supportive.
- Parkside Family Practice in Woodley have been great.
- Loddon Surgery, thank you for the fantastic support and care given to me.

## APPENDIX D Demographic Information



## Contact us

**Postal Address:** c/o Town Hall, Market Place, Wokingham, Berkshire RG40 1AP

**Contact number:** 0118 418 1418

**Website:** [www.healthwatchwokingham.co.uk](http://www.healthwatchwokingham.co.uk)

**Email address:** [enquiries@healthwatchwokingham.co.uk](mailto:enquiries@healthwatchwokingham.co.uk)

**Facebook:** [facebook.com/HealthwatchWokingham](https://facebook.com/HealthwatchWokingham)

**Twitter:** [@HWWokingham](https://twitter.com/HWWokingham)

**Instagram:** [healthwatchwokingham](https://www.instagram.com/healthwatchwokingham)

# GP Websites

## How easy is it to find information?



**An observational review by Healthwatch Wokingham of information provided by GP websites in Wokingham Borough.**

## Introduction

In Wokingham Borough there are 13 GP practices, under 4 primary care networks. (North, South, East and West) GP contracts are managed by NHS Berkshire West Clinical Commissioning Group.

In May 2020 Healthwatch Wokingham launched a survey to understand more about how people in the Borough were experiencing the changes in health and social care due to the COVID-19 pandemic. Early analysis showed that access to information about GP services was difficult for 11% of people who responded. 14% of people had delayed seeking treatment for the following reasons: they were worried about catching coronavirus, didn't want to bother the health service or they thought their problem could wait until after the pandemic.

Accessible information that helps the public to understand the necessary changes to services is key to managing the COVID-19 response. GP websites are an important communication tool and play a wider role in linking the public to other support in their community.

The most recent [patient survey results](#) from Berkshire West CCG show that Wokingham surgeries had varied feedback about their websites. Patients were asked 'How easy is it to use your GP practice's website to look for information or access services?' The results ranged from 58% to 87% satisfaction.

To find out more we reviewed the websites of the 13 GP practices, with the aim of providing public information and sharing best practice. A mystery shopping approach was taken and included members of CLASP a local learning disability charity to ensure that the information provided was accessible to this group.

This report will be shared with the public, service providers and commissioners and we hope it will be useful for the on-going COVID-19 response and when planning for similar events in the future.

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## What we did

Every website was reviewed by 2 staff members and a selection of volunteers from CLASP adult learning disability group.

The websites were reviewed between 27<sup>th</sup> July 2020 and 18<sup>th</sup> August 2020. The information we found was a snapshot of the information held on the sites in the given time period.

Where a result is indicated as 'unclear' it means some reviewers could find the information they were looking for while others could not find the information.

The questions we asked were based on a previous survey undertaken by Healthwatch Portsmouth.



## Key Findings

The majority of websites did not contain information about what to expect if a patient needed to visit the practice, including wearing a mask, social distancing and whether you could be accompanied.

Only 15% of websites provided clear information about how to book a telephone consultation and 8% for E-consultation. E-consultations could include video consultations or messaging services depending on the practice.

Information on making a complaint or providing feedback was difficult to find in some cases.

Patient surveys were not made available by any of the practices.

The information regarding patient registration needs to be clearer in terms of your rights to register and rights concerning proof of ID if asked.

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## Recommendations

Websites to be regularly reviewed by members of Patient Participation Groups, including those with accessibility issues. As of 23<sup>rd</sup> September 2020, all GP websites will need to meet [accessibility standards for public sector organisations](https://www.gov.uk/government/publications/doing-a-basic-accessibility-check-if-you-cant-do-a-detailed-one/doing-a-basic-accessibility-check-if-you-cant-do-a-detailed-one). During our review there were issues with finding read aloud and language translation tools on the websites. The following link may also be helpful. <https://www.gov.uk/government/publications/doing-a-basic-accessibility-check-if-you-cant-do-a-detailed-one/doing-a-basic-accessibility-check-if-you-cant-do-a-detailed-one>

Information about the environment in the surgery and safety measures should be easily available to re-assure and prepare people for their appointment. As guidance continues to change, often with short notice, this will become more important.

Consider alternative ways of presenting information such as a video tour of waiting areas, precautions taken in treatment rooms, PPE and hand sanitisers.

Sharing of best practice within the Clinical Commissioning Group and Primary Care Network should be undertaken. Some websites were easier to navigate and shared more useful information.

None of the websites signposted to the latest patient survey results. We have raised this with the CCG, and while we understand this is not a statutory requirement, it would provide useful information for the public

Sharing a full range of options for people to provide feedback and complaints and labelling them appropriately.

Some websites guided the public towards contacting the surgery directly if the feedback was negative and sharing publicly if it was positive. It is understandable that the practice wants to resolve issues, but the individual should be able to make an informed choice about which route is best for them. Only one practice mentioned Healthwatch which as the independent champion for people using health and care services in our area.

Options for providing feedback should include; Contacting the surgery directly, Healthwatch, SEAP (advocacy) and Care Opinion website.

Clearer information needs to be provided about the new patient registration process in terms of patients rights and more information about individuals rights when asked for proof of ID. Some of the web sites mentioned that new patients will have to provide ID when registering. The following NHS website <https://www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice/>

states: You should not be refused registration or appointments because you do not have a proof of address or personal identification at hand.

It's not considered a reasonable ground to refuse registration.

This also applies if you're an asylum seeker, refugee, homeless patient or overseas visitor, whether lawfully in the UK or not.

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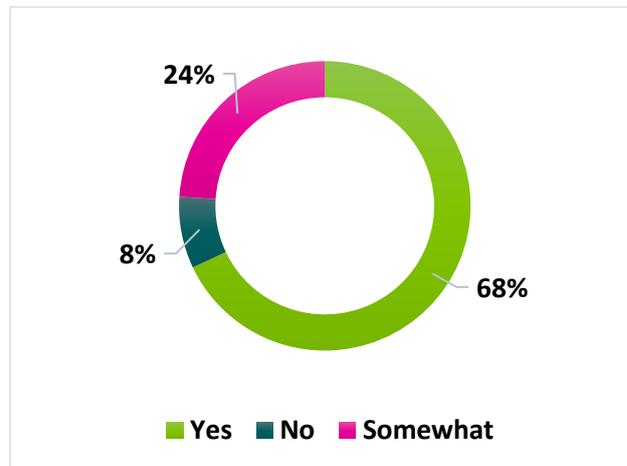
## Detailed Findings

### Does the Practice have a website?

All 13 practices had a website, and all were based on the same template. This should encourage consistency between surgeries.

The websites all provided basic contact information including, address, phone number, opening hours and email address.

## Does the website have GP staff profiles?



Some surgeries only provided very basic information such as name and qualifications.

Others had photographs and a biography for each GP and nurse. There was disparity about which staff were profiled, some practices just focused on GPs while others included nursing and auxiliary staff.

**We Liked:** New Wokingham Road Surgery were highlighted as having excellent information about their staff.

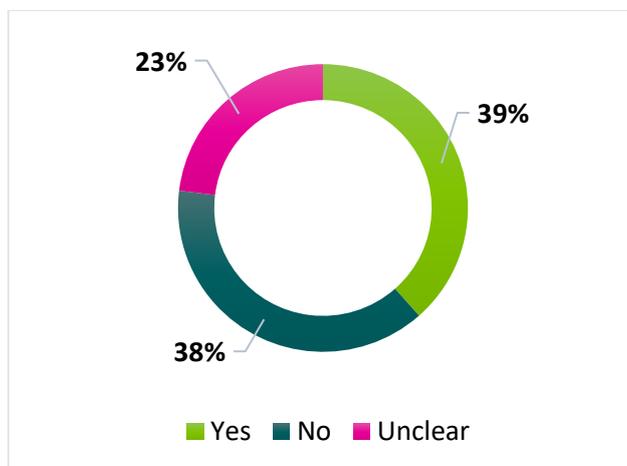
## Registration

### Could you find information about how to register?

All but one surgery provided easily accessible information about how to register.

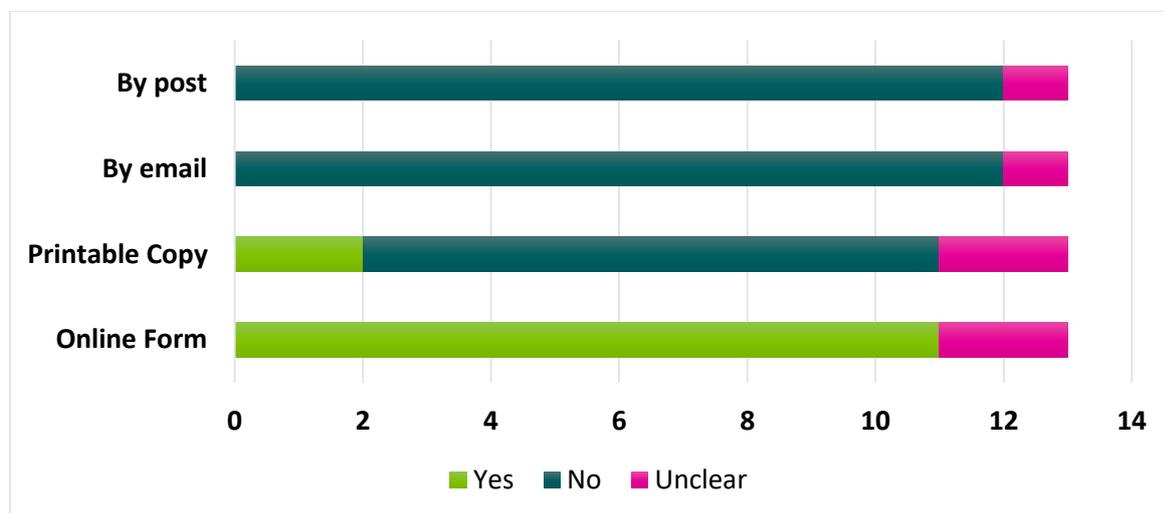
There needs to be clearer information about your rights when registering as a new patient and your rights if asked to provide ID which you are unable to do. More information in line with the information provided on the following NHS website would help inform new patients. <https://www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice/>

**Does the surgery request or suggest that ID would be required in order to register?**



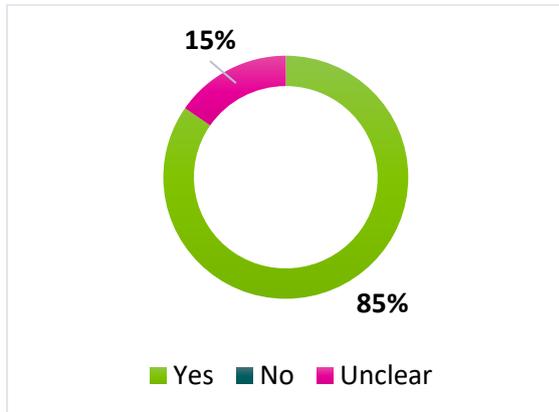
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Registration is possible via:



Providing clear information about what is required, and different methods of registration help those who need extra support and reduce calls to the surgery reception.

**Is there information on how to access medical assistance when the practice is closed (Out of Hours)?**



In one case this information was out of date, directing people towards Reading walk in clinic where service has been suspended due to COVID-19.

**Was there an option for information to be translated into other languages?**

Some of the reviewers could not find this option on the websites although it is present.

**Was there a Read Aloud tool on website?**

Again, some reviewers could not find the tool which links to ‘My Web, My Way’ or an accessibility link. The information was often in small print and located towards the bottom of the screen.

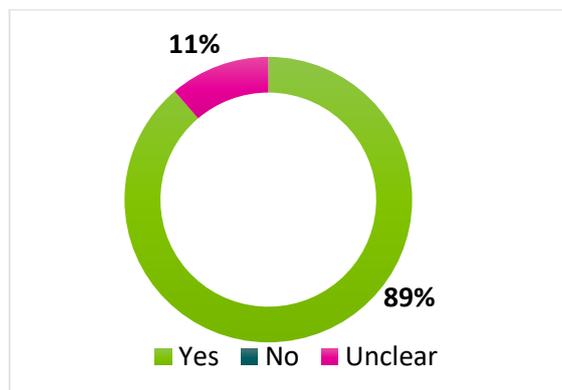
**Were links and/or contact details of external specialist services and other service providers listed?**

All the websites provided links.



## Giving feedback or making a complaint

### Does the website tell you how to give feedback?



### Does the website tell you how to make a complaint?

All the websites provided information on this, however in some cases this was not easy to find. While most surgeries called it ‘complaints’ one had labelled it ‘feedback and comments’ which could be confusing.

The methods for giving complaints were different too with some practices offering online methods and others advising the patient to visit the surgery. One surgery only gave the option of contacting the practice manager so there was no method for giving anonymous feedback. This practice also had no information about other methods of making a complaint such as independent advocacy.

Overall the quality and breadth of information provided here was variable. Some surgeries seemed more transparent in their processes than others.

### Does the website tell you how you can join the patient participation group?

All the websites provided information on this.

### Does the website display the surgery Care Quality Commission (CQC) report?

All the websites provided clear information on this.

### Does the website display the patient survey results?

None of the websites included this information. We have contacted NHS Berkshire West CCG who confirmed that this is not a requirement nevertheless, it would be useful information for the public.

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## COVID-19 Information

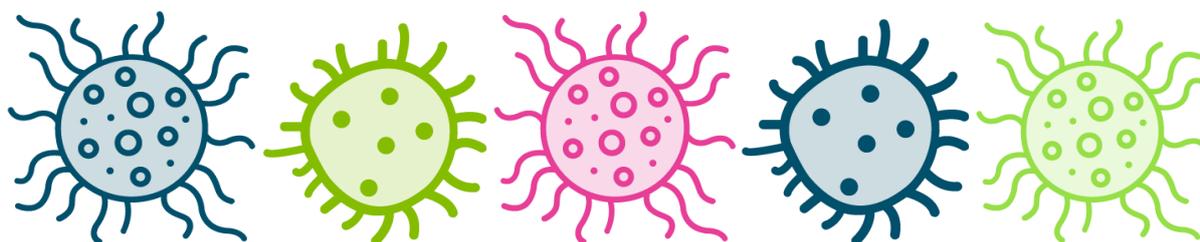


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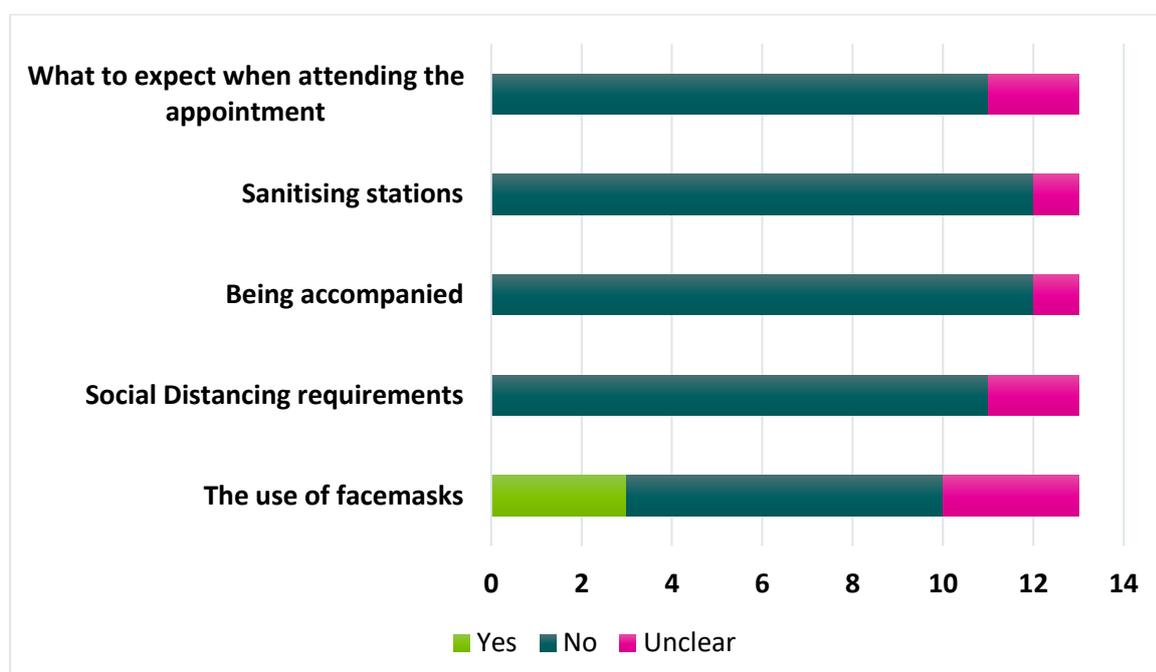
[enquiries@healthwatchwokingham.co.uk](mailto:enquiries@healthwatchwokingham.co.uk)

### Was updated COVID-19 information displayed on the front page of the website?

Yes, all surgeries used the same information box.



### Did the website give information on the following (for face to face appointments)?



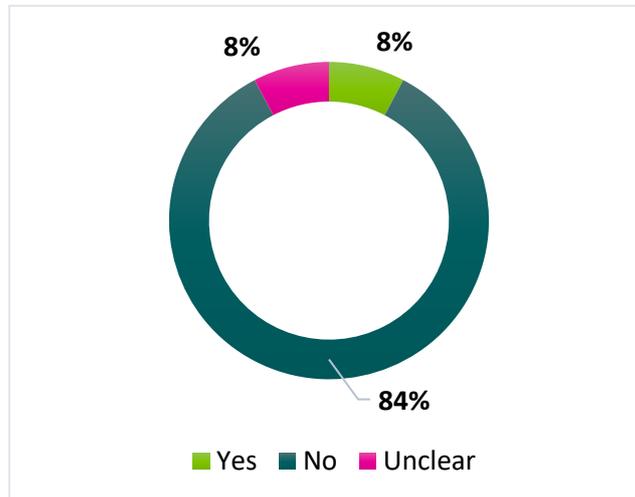
The information provided was lacking. The way it was given was also inconsistent. One surgery provided a ‘news article’ which was detailed but wasn’t obvious on the website so only one reviewer found it.

In our Covid-19 survey (linked here) 14% of people in Wokingham told us they had delayed seeking treatment and would wait until after the pandemic before seeking help. Providing up to date information about safety precautions and re-assurance that GP practices are open for business would encourage people to seek the care they need.

### Did the website display information about COVID-19 symptoms and did this include what to do if you have symptoms?

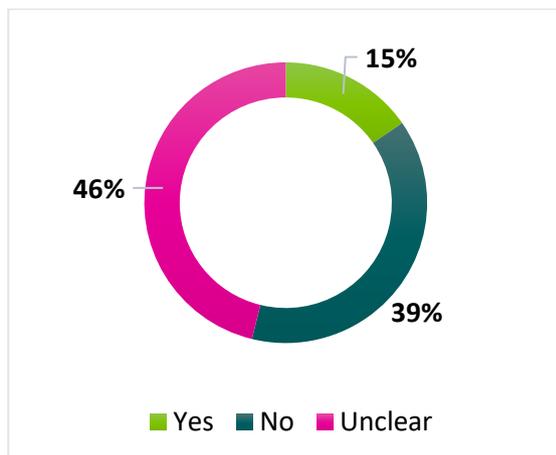
All websites gave this information on a pop-up on the front page. However, there was no way to navigate back to this once the pop up had been dismissed.

### Could you find information on changes to prescription services during the pandemic?

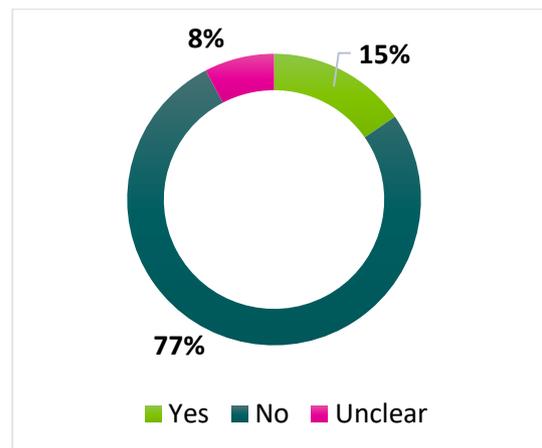


## Booking a virtual appointment during the pandemic

### Was there information about booking a telephone consultation?



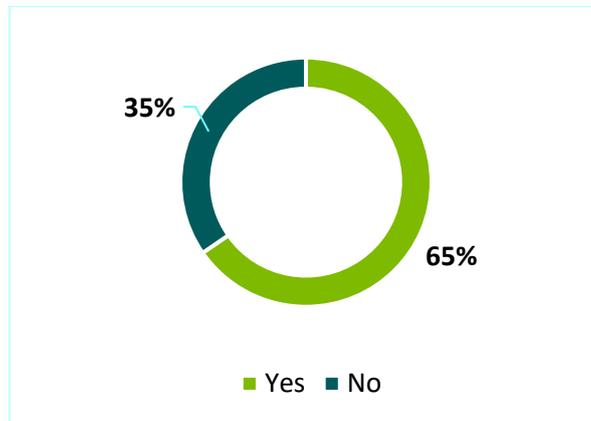
### Was there information about booking an E-consultation?



Only one surgery mentioned using an App called 'Patient Access' for E-consultations. It would be useful to let patients know what technology they need to have in order to use video consultation. In

our COVID-19 survey 55% of patients were very satisfied or satisfied with their video consultation, 36% undecided and 9% dis-satisfied. (linked here)

**Overall given the information provided did you feel informed and confident about accessing medical help?**



**Not enough information relating to how the system works under COVID and the process for having an appointment if you have to visit the surgery.**

**More information needed on how it works during COVID, video/telephone appointments, what to expect and details about face masks, hand sanitiser etc.**

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## HEALTH OVERVIEW AND SCRUTINY COMMITTEE FORWARD PROGRAMME 2020-21

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DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
12 January 2021	Update on Wokingham Borough Wellbeing Board	Update	Update	Chairman Wokingham Borough Wellbeing Board
	Hydrotherapy services consultation	Update	Update	CCG
	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
17 March 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

Agenda Item 35.

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

## 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