



# WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held Virtually on **TUESDAY 12 JANUARY 2021 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 4 January 2021

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/5kmGkMeVEd0>

Please note that other people may film, record, tweet, or blog from this meeting. The use of these images or recordings is not under the Council’s control.

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	Caroline Smith

ITEM NO.	WARD	SUBJECT	PAGE NO.
36.		<b>APOLOGIES</b> To receive any apologies for absence	
37.		<b>MINUTES OF PREVIOUS MEETING</b> To confirm the Minutes of the Meeting held on 18 November 2020.	5 - 10
38.		<b>DECLARATION OF INTEREST</b> To receive any declarations of interest	
39.		<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>	
40.		<b>MEMBER QUESTION TIME</b> To answer any member questions	
41.	None Specific	<b>AN UPDATE ON THE REDEVELOPMENT OF THE ROYAL BERKSHIRE HOSPITAL</b> To receive an update on the redevelopment of the Royal Berkshire Hospital.	Verbal Report

- |            |               |   |                  |
|------------|---------------|---|------------------|
| <b>42.</b> | None Specific | <b>FUTURE COMMISSIONING OF NHS<br/>HYDROTHERAPY SERVICES IN BERKSHIRE WEST</b><br>To consider a report on the future commissioning of<br>NHS Hydrotherapy services in Berkshire West. | <b>11 - 88</b>   |
| <b>43.</b> | None Specific | <b>UPDATE ON THE WORK OF HEALTHWATCH<br/>WOKINGHAM BOROUGH</b><br>To receive an update on the work of Healthwatch<br>Wokingham Borough.   | <b>89 - 120</b>  |
| <b>44.</b> | None Specific | <b>FORWARD PROGRAMME</b><br>To consider the forward programme for the remainder<br>of the municipal year.   | <b>121 - 128</b> |

**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 18 NOVEMBER 2020 FROM 7.00 PM TO 9.15 PM**

**Committee Members Present**

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

**Others Present**

Nick Durman, Healthwatch Wokingham Borough  
Jim Stockley, Healthwatch Wokingham Borough  
Jo Dixon, Healthwatch Wokingham Borough  
Dom Hardy, Chief Operating Officer, RBH  
Madeleine Shopland, Democratic & Electoral Services Specialist

**28. APOLOGIES**

An apology for absence was submitted from Councillor Grandison.

**29. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 21 September 2020 and the Minutes of the Extraordinary meeting held on 19 October 2020, were confirmed as a correct record and will be signed by the Chairman at the next available opportunity.

Councillor Frewin asked about an update on ambulance response times. It was confirmed that an update was still being sought.

Councillor Firmager indicated that as it was his first meeting as a Committee member, he would not vote on this item.

**30. DECLARATION OF INTEREST**

Councillor Jones declared a Personal Interest in item 33 Royal Berkshire Hospital, on the grounds that he had recently been elected to the Royal Berkshire Hospital NHS Trust Board of Governors. 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 33 Royal Berkshire Hospital, on the grounds that a family member worked at the hospital and also as he was a First Responder.

**31. PUBLIC QUESTION TIME**

There were no public questions.

**32. MEMBER QUESTION TIME**

There were no Member questions.

**33. ROYAL BERKSHIRE HOSPITAL**

Dom Hardy, Chief Operating Officer, Royal Berkshire NHS Foundation Trust, provided a presentation to the Committee.

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

- Dom Hardy thanked the Members, residents and all the organisations that had supported the Trust during the first wave of the pandemic, either by doing the right thing, providing donations or providing free food or services for staff. The Trust had been grateful for the solidarity, which had improved staff morale.
- The hospital was fully open with all services running. All necessary precautions such as PPE and social distancing were being taken.
- The Trust was keen that patients attended their appointments and were aware that some people had concerns about visiting a health care facility during the pandemic.
- The Trust had a number of aims over the winter;
  - to deal with hospitalised Covid patients, although the number of people hospitalised during the second wave was not at the same levels as during the first wave. Whilst the prevalence of community transmission had increased this had not translated into such a high hospital admittance;
  - continuing to provide urgent care to non Covid patients;
  - Sustaining major pieces of work such as the development of a Strategic Outline Case for a new hospital development. If this was successful an Outline Business Case would be developed followed by a Final Business Case. Councillor Miall commented that the survey on the mini site regarding potential options was now closed. Dom Hardy indicated that the Committee could send further comments to him if they wished.
- Services were currently running at normal levels and inroads were being made into the backlog, which had built up during the first wave. Services would be sustained so long as it was safe to do so.
- Members thanked the Trust for their hard work over the course of the pandemic.
- Councillor Frewin commented that he had heard examples of services such as the cancer services, continuing to run effectively during the pandemic. He commended the Trust on that achievement.
- Councillor Frewin asked about the outcome of the Prime Minister's recent visit. Dom Hardy commented that he had visited in relation to the review of hospital food but the opportunity to impress on him the importance of investing in the health infrastructure had been taken.
- Councillor Frewin commented that Healthwatch had had feedback that the communications letters in the maternity service had not been updated to reflect Covid measures. Dom Hardy indicated that he would take this up.
- Councillor Firmager asked how long it was anticipated to be before the backlog in services, was cleared. Dom Hardy commented that there was an operational standard to ensure that no one waited more than 52 weeks for treatment. There were currently approximately 1200 patients effected, and assuming services did not have to be suspended, it was anticipated that the backlog would be cleared by April/May. Where patients had an urgent need e.g. cancer, they did not have to wait this long and treatment was expedited.
- Councillor Jones asked whether the Trust would be able to maintain stroke, heart attack and cancer services during the second wave. Dom Hardy indicated that it would and had also done so during the first wave of the pandemic. Whilst there had been speculation in the media that people were choosing not to attend appointments, the stroke team had undertaken an audit and found that the number of users this year was broadly comparable to last year. In addition, cancer patients were moved through the cancer pathway as speedily as possible.
- Councillor Jones asked whether other sites or hospitals had been used to create extra capacity. Dom Hardy indicated that some patients had been treated at the Berkshire Hospital, some orthopaedic patients had been treated at the Circle and Dunedin had undertaken some oncology and haematology treatment. Good patient

surveys had been received across the Trust's sites including West Berkshire Hospital, Prince Charles Eye Unit and the Townlands Memorial Hospital.

- In response to a question from Councillor Jones, Dom Hardy indicated that the hospital would have the ambition to potentially become a teaching hospital in the future.
- Councillor Bishop Firth asked about escalation plans should the situation in the second wave unexpectedly worsen. Dom Hardy stated that the Trust would use other sites in addition to the Royal Berkshire Hospital, and also independent sites. He re-emphasised that whilst the number of Covid patients admitted to hospital had increased from September, the hospital was not seeing the same level of admissions as during the first wave. Councillor Bishop-Firth asked whether hotels would be used in emergencies. Dom Hardy stated that this would likely be for social care provision outside of the acute sector.
- Dom Hardy indicated that Adult Social Care and in particular Matt Pope, the Director Adult Services, had been very supportive.
- Councillor Loyes commented that he had been informed by local mosques that there appeared to sometimes be delays in issuing a death certificate when a patient had died of Covid, and questioned why this was. Dom Hardy stated that he was not aware of any delays but that he would look into it. It could sometimes take a while for a death certificate to be issued if the Medical Examiner was delayed in establishing a cause of death.
- Councillor Loyes asked whether the Trust was confident that it could cope with the second wave of the pandemic as the usual winter pressures also began to take effect. Dom Hardy indicated that they were. There was a need to protect staff as well as patients and a sufficient supply of PPE was vital.
- In a few weeks' time, asymptomatic testing would be rolled out to staff. Results would be known quicker, helping to reduce transmission amongst staff. There had been a slight increase in the number of staff off sick with Covid however cover arrangements and temporary staff could cover this.
- Councillor Loyes asked whether there had been an increase in the number of children hospitalised with Covid, and was informed that fortunately very few were seriously impacted unless they already had extensive underlying conditions.
- Councillor Frewin stated that he had seen in the media about the possibility of a hospital being built in Shinfield, and questioned whether this was speculation. Dom Hardy agreed that it was. Four options had to be provided in the Strategic Outline Case.
- In response to a question from Councillor Mather regarding access to Covid tests, Dom Hardy commented that the hospital had access to point of care tests for patients. Results were usually known within a couple of hours. Staff testing was through the south wing car park of the Royal Berkshire Hospital. Currently staff were being tested and self-isolating if required. Occupational health were helping to operate track and trace for staff.
- Councillor Mather questioned whether individual outcomes had improved since the first wave and was informed that whilst there had been some learning such as around the benefits of using CEAP machines and proning, there may be other reasons why less patients were requiring intensive care treatment.
- Councillor Mather asked whether the Trust had sufficient supplies of PPE and oxygen and was informed that it had a very good supply, the Trust being one of the only Trusts to make its own oxygen.
- Some funding had been provided upfront to make some initial improvements to the Trust's estate, including the destemming of the main hospital building, and the demolition of some of the most outdated buildings.

- With regards to the Covid vaccine, Councillor Jones questioned whether it would be mandatory for staff to receive it. Dom Hardy emphasised that staff would be strongly encouraged to receive the vaccine but that it would not be mandatory. There had been an over 70% take up of the flu vaccine this year, which was positive.
- Councillor Loyes asked whether Brexit would have an impact on the supply chain and was informed that during the first wave of the pandemic only 4% of PPE received by the NHS had been from UK based companies. It was now more like 70%. The Trust had its own supply and whilst issues could not be completely ruled out, Dom Hardy was more confident regarding the PPE supply.
- Councillor Miall asked whether A&E attendance had reduced. Dom Hardy indicated that during the first wave, A&E attendance had been two thirds of usual levels but during the second wave, attendance levels had not greatly reduced.
- Councillor Miall asked whether the Trust had reached full capacity at any point in the pandemic. Dom Hardy stated that there had been a shortage of surgical gowns during Easter weekend but this shortage had been managed through mutual aid and emergency deliveries.
- Nick Durman asked for an update on the phlebotomy services as a number of residents had informed Healthwatch that they had had difficulties in accessing the service. Dom Hardy stated that initially it had not been possible to offer phlebotomy services in the Royal Berkshire Hospital due to difficulties around social distancing. However, a bookable appointment system had now been introduced. Patients could also use West Berkshire hospital and the facility at Bracknell.
- Councillor Frewin emphasised that he was a Community First Responder and that they had seen a decrease in the number of inappropriate calls that they were being sent out to.

**RESOLVED:** That

- 1) Dom Hardy be thanked for his presentation;
- 2) the presentation be noted.

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

The Committee received an update on the work of Healthwatch Wokingham Borough.

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

- Jo Dixon introduced the report on perinatal services. The Committee asked that this report be resent to Members and considered at a future meeting.
- With regards to the Healthwatch Covid 19 – people’s experiences of Health and Care services and accessing information survey, Councillor Jones questioned how Healthwatch selected who completed the survey. Jo Dixon indicated that the survey had been publicised on Healthwatch’s website and social media and that no specific groups had been targeted.
- Councillor Jones noted that 30% of those who responded had indicated that they had decided not to use NHS and health and care services during lock down, and questioned how many people this equated to. Nick Durman indicated that it was 30% of 178 responders.

- Nick Durman informed Members that he and representatives from the Reading and West Berkshire Healthwatches had presented the findings to the united Executive. Nearly 700 responses had been received in total between the three.
- Nick Durman stated that he had been informed by the Flu Group that a high percentage of people with a high BMI were choosing not to take up their flu jabs. Many people had concerns about attending health care facilities during the pandemic. Targeted communications was needed to ensure that people felt safe to attend to take up their flu jab.
- Councillor Jones felt that it was positive that 61% of responders had said that they would be happy to have a video appointment again. He questioned whether the video appointments saved time for the clinicians. Nick Durman stated that many people had found it a positive experience but some had experienced technical difficulties.
- Councillor Jones questioned whether the response 'I have had ups and downs' to the question about the responder's mental wellbeing, meant that the person usually had ups and downs but that it was worse during the pandemic. Nick Durman felt that it could be read either way.
- Members discussed CAMHS and waiting lists for the services. Jo Dixon indicated that service users had indicated that wait times had increased and that Healthwatch had recently been informed by some parents that the service was no longer accepting new referrals, however, this was yet to be confirmed. Councillor Loyes suggested raising the matter with the relevant Director and Executive Member.
- Members expressed disappointment that some residents had had to ask their surgery repeatedly for a shielding letter.
- Councillor Bishop Firth asked about what type of fears people had about accessing health and social care services during the pandemic.
- Members were pleased to see a large number of positive comments from responders.
- Councillor Jones expressed concern that some GP surgery websites did not have information about wearing masks, whether patients could be accompanied and where they would be waiting prior to their appointment.
- Nick Durman stated that he was meeting with the CCG regarding the GP Patient Survey results. Some surgeries had performed less well in some of the questions. It was suggested that the Committee ask the CCG how they would be addressing this. There was no obligation for individual surgeries to publish the results of the survey on their website.
- Members referred to a briefing which outlined how the Committee could help support Healthwatch. Councillor Jones suggested sharing reports on Facebook and Councillor Frewin suggested sending the reports to all other Members. Jim Stockley commented that once the reports had been critiqued by the relevant service providers they could be published and publicised further.
- Nick Durman suggested that if Healthwatch did not receive a response from a particular service provider to their recommendations, the Health Overview and Scrutiny Committee seek an update.
- Councillor Jones commented that he appreciated the independence of Healthwatch and agreed that it was important to highlight that it was a statutory body and not a voluntary organisation.
- Councillor Mather suggested that Healthwatch produce a report on the top ten outstanding actions or hot topics. Jo Dixon commented that this could form part of the income and outcomes report.

- Jim Stockley thanked Nick Durman, Neil Bolton-Heaton and Jo Dixon for their hard work. With regards to video GP appointments he felt that it would be useful to gauge the views of the clinicians on providing video consultations.
- Healthwatch would be producing a monthly column in the local media.
- Councillor Mather asked whether Healthwatch produced a package for what they wanted sharing on social media. Jo Dixon stated that they were currently undertaking a project on carers and had put together a package of suggested posts and communications. In the past when Members had shared Healthwatch's Facebook posts, a good response had been received. She would be happy to pass on the information regarding the carers' project to the Committee. Healthwatch was trying different ways of reaching the community and different parts of the community.

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

### **35. FORWARD PROGRAMME**

The Committee considered the forward programme.

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

- It was suggested that the update from the Wokingham Borough Wellbeing Board be moved from the January to the March meeting.
- Members agreed that the update on dental services be moved to the unscheduled items section and a further update sought as to when an update may be possible.
- The Children's Services Overview and Scrutiny Committee had recommended that the Health Overview and Scrutiny Committee look at various aspects relating to children and young people's mental health, including depression and anxiety levels and whether specific groups or those living in particular areas were affected. It was also suggested that self-harm rates in 15-19 years olds be considered.
- Councillor Miall suggested that suicide prevention be taken to the January meeting if possible.
- Members agreed to the holding of an extraordinary meeting in February to hear from the CCG on how they had worked with the Council during the pandemic. An update would also be sought on the outcome of the GP Surgery Patient Survey.

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

<b>TITLE</b>	<b>Future commissioning of NHS Hydrotherapy services in Berkshire West</b>
<b>FOR CONSIDERATION BY</b>	Health Overview and Scrutiny Committee on 12 January 2021
<b>WARD</b>	None Specific
<b>DIRECTOR</b>	Katie Summers, Operations Director – Wokingham (Berkshire West CCG)

**OUTCOME / BENEFITS TO THE COMMUNITY**

Berkshire West CCG Governing Body met on the 8<sup>th</sup> December 2020 following the conclusion of a 12 week consultation on the future of Hydrotherapy services in Berkshire West.

Following careful analysis of the consultation feedback, clinical evidence, value for money and the ongoing operational challenges Royal Berkshire Foundation Trust face in running and maintaining the pool Berkshire West Governing Body reached the following consensus :

- i. Approved the recommendation that hydrotherapy is a not routinely funded treatment due to a lack of clinical benefit. Individual funding requests (IFR) may be made by the requesting clinician to the CCG for consideration, where exceptional circumstances exist.
- ii. Agreed to the requirement to develop the clinical criteria for providing NHS hydrotherapy in exceptional circumstances and the contractual mechanism for doing so and cost of providing any future service;
- iii. Agreed that the Chair and Accountable Officer of the CCG formally notifies all providers and the three Health Overview and Scrutiny Committees of the Governing Body’s decisions in writing;
- iv. Agreed to communicate with patients and other stakeholders to explain the outcome of the Governing Body meeting and the likely implications of the decisions made.

**RECOMMENDATION**

Health overview and scrutiny note the decision taken by Berkshire West CCG Governing Body.

**SUMMARY OF REPORT**

Hydrotherapy is the use of water in the treatment of different conditions, including arthritis, muscular skeletal and neurological conditions. Hydrotherapy differs from swimming because it involves special exercises completed in a pool with a physiotherapist, with the water temperature at 33-36C, which is warmer than a typical swimming pool. Hydrotherapy is a specialist service provided to a small number of patients for a limited period as part of their rehabilitation. Patients in Berkshire West are referred following a physiotherapy assessment and will normally be prescribed a course of up to 6 sessions. In Berkshire West NHS hydrotherapy services are provided as part of the physiotherapy service within the main Royal Berkshire NHS Foundation Trust

(RBFT) contract with the CCG. Berkshire West commissions circa 107,000 physiotherapy appointments per annum (across acute and community settings), of which a very small number, approximately 1800, or 1.2% represent hydrotherapy. The service is used by approximately 300 patients per annum at a cost of £240,000 per year.

It was agreed in July 2020 by the Berkshire West CCG Governing Body that a 12 week public consultation should be undertaken to seek a broad range of stakeholder views in order to help inform the CCG in determining whether it should continue commissioning hydrotherapy services for NHS funded patients. The consultation was prompted by the need to review the clinical evidence for hydrotherapy, value for money, and the ongoing operational challenges that have intensified by the infection control challenges COVID has brought in terms of service delivery (pool closure).

The scope of this paper, the consultation and the associated Governing Body decision is limited to hydrotherapy services for NHS patients (those referred by a Physiotherapist or consultant), from RBFT using NHS funding from the CCG. It does not cover hydrotherapy services funded by Local Authorities or other agencies including schools. It also does not cover other agencies that may utilise the pool through non-NHS arrangements. The Governing Body should note that there is a separate, discrete cohort of the population which uses the RBFT hydrotherapy pool facility on a privately funded basis which many of the comments in the consultation relate to.

The consultation commenced on the 10th August 2020 and concluded on the 2nd November 2020. There were 498 individual responses to the survey as well as 9 additional full written responses from organisations representing patients. It should also be noted that wider engagement with the 3 chairs of the Local Authority Health, Overview and Scrutiny Committees took place alongside local MPs and other stakeholder groups.

There are four points to highlight that became evident on analysis of the responses:

1. Of the 496 online responses, 34 IP addresses were used more than once to submit a survey, one of which was used 28 times (the 34 IP addresses totalled 166 of the 498 responses). This could be due to multiple responses from one person or one person submitting responses on behalf of others.
2. Of this total number of responses, only a 59 (12%) identified as being a NHS patient who had been prescribed hydrotherapy by a clinician.
3. The majority of the comments in the survey responses refer to use of the pool at RBFT via voluntary sector organisations that commission sessions separately at the pool, and not the NHS provided service.
4. The benefits and value placed on hydrotherapy by those who responded.

The CCG has a duty to continually ensure limited NHS resources are spent prudently and that the services we commission are evidence based, and offer clinical benefit to the maximum number of people. The CCG regularly review Procedures of Limited Clinical value (PLCV), this is a procedure where the clinical effectiveness of that procedure is either absent or evidence shows weak efficacy. Whilst there are patient reported benefits arising from the use of hydrotherapy there remains a lack of definitive clinical evidence that points to any benefits over and above land-based physiotherapy. There is a limited amount of good quality evidence on the clinical effectiveness of hydrotherapy and randomised controlled trials (RCTs) compared with land-based physiotherapy show no difference in effectiveness on outcomes of function and pain for

patients with osteoarthritis, idiopathic arthritis, rheumatoid arthritis, asthma, back pain, fibromyalgia, haemophilia, Parkinson's disease or rehabilitation following stroke. NICE does not recommend the use of hydrotherapy over conventional physiotherapy for any indications.

Based on the clinical effectiveness, value for money and analysis of the consultation, the Governing Body members are requested to approve Option 3b to not routinely fund NHS hydrotherapy services apart from on an exceptionally basis via an Individual Funding Request (IFR). This Option has been recommended after robust evaluation against the decision making principles, it allows the consideration of an individual's need and an assessment of benefits that hydrotherapy could deliver against a set list of criteria. This also ensures we remain aligned with our Integrated Care System partners (Oxfordshire and Buckinghamshire) and other NHS Commissioners as hydrotherapy is not universally provided throughout the NHS for these client groups.

## Background

The hydrotherapy service at RBFT caters for those who are directly referred for physiotherapy by their GPs, consultants within the hospital or other Allied Health Professionals (AHPs). Sessions have traditionally been allocated for certain services, regardless of their usage levels. Hydrotherapy is one modality of physiotherapy and it is reported that in the main benefits a very small number of patients requiring physiotherapy.

The provision of hydrotherapy has been under discussion for some time, attracting public interest after a decision was taken by RBFT to close the facility in 2016/17 which was subsequently withdrawn.

Timeline of activity to date includes:

- **June 2016:** RBFT's Senior Management Team approved a paper recommending the discontinuation of the hydrotherapy services and closure of the pool.
- **January 2017:** RBFT agreed to a review of the proposal to close the pool.
- **January 2017– June 2017:** A number of patient representative meetings were held as part of the review including MPs and patient representatives.
- **June 2017:** agreement by RBFT to closure was deferred in the face of public concern pending further stakeholder engagement (internal and external).
- **December 2017-February 2018:** RBFT planned closure of the pool for refurbishment agreed with the CCG.
- **Further closures during 2018:** primarily as a result of the boiler failing, with secondary equipment issues impacting on utilisation and associated running costs.
- **February 2018** – External stakeholder meeting hosted by Chief Executive, RBFT
- **June 2018** – Questionnaire sent to RBFT staff to seek clinical opinion on hydrotherapy services
- **June 2018** – Information collated on hydrotherapy complaints and safety risks
  
- **June 2018:** paper to RBFT Executive Management Committee agreeing a number of recommendations including:
  - Seeking a Berkshire West wide system review of the future of hydrotherapy in Berkshire West including consideration of alternative options and/or ceasing provision.
  - Short term work by RBFT to find ways to improve income/reduce loss
  - Collaborative work with commissioners to reinvigorate work with interested parties on the development of suitable alternative provision
  
- **December 2018** – Further engagement with local MPs led by RBFT
- **October 2019** – Internal RBFT stakeholder meeting with clinicians who either refer to hydrotherapy or provide the service.
- **March 2020:** The pool located on the RBH site is closed due to COVID infection control policy and is likely to remain this way for a considerable period of time.
- **July 2020** – Chairs of Health Overview and Scrutiny committee across Berkshire West, local MPs and RBFT informed of CCG consultation.
- **August – November 2020:** 12 week public consultation by the CCG on the future commissioning of hydrotherapy Services. 498 survey responses received, stakeholder meetings held.
- **November 2020** – CCG met with Health Overview and Scrutiny chairs (post

consultation closure) to outline key messages from the consultation as well as the implications and confirm next steps in the process.

## Analysis of Issues

There is a limited amount of good quality evidence on the clinical effectiveness of hydrotherapy. For Paediatrics and neuro-rehabilitation there is some evidence to suggest that there are clinical benefits of hydrotherapy and for patients who are unable to stand independently this can be more beneficial than land-based therapies. The evidence suggests that for patients presenting with total hip and knee replacements and multiple fractures there is some clinical benefit. However, this benefit is no greater than alternative land-based interventions such as exercise groups in the gym and manual therapy. Consequently, hydrotherapy is not universally provided throughout the NHS for these client groups and is more often than not based on whether there is a suitable pool in the local area or not.

Randomised controlled trials (RCTs) of hydrotherapy compared with land-based physiotherapy show no difference in effectiveness on outcomes of function and pain for patients with osteoarthritis, idiopathic arthritis, rheumatoid arthritis, asthma, back pain, fibromyalgia, haemophilia, Parkinson's disease or rehabilitation following stroke. There is some low quality evidence which suggests that hydrotherapy may be better than conventional physiotherapy for rehabilitation in patients following hip or knee replacement. For other indications, there are no RCTs of hydrotherapy versus land-based physiotherapy. The National Institute for Clinical Excellence (NICE) does not recommend the use of hydrotherapy over conventional physiotherapy for any indications (a full list of references can be found in in the main body of the report).

## FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	N/A		
Next Financial Year (Year 2)	N/A		
Following Financial Year (Year 3)	N/A		

### Other financial information relevant to the Recommendation/Decision

N/A

### Cross-Council Implications

N/A

### Reasons for considering the report in Part 2

N/A

### List of Background Papers

Berkshire West CCG – Governing Body paper 8<sup>th</sup> December

Appendix 1a – Survey results

Appendix 3 – Equalities impact assessment – Stage 1 and Stage 2

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<b>Date</b> 21/12/2020	<b>Version No.</b> 1

## Agenda Item 10: 20.12.07

**Meeting:** Berkshire West CCG Governing Body

**Date of Meeting** 8 December 2020

**Title of Paper** Future commissioning of NHS hydrotherapy services in Berkshire West

**Lead Director** Shairoz Claridge, Director of Operations, Planned Care, LTC & Newbury Locality

**Author(s)** Caroline Tack, Head of Planning and Transformation

**Paper Type** For Approval

The Governing Body are asked to:

**Action Required**

- (1) **APPROVE** the recommendation as set out in Option 3b that hydrotherapy is a not routinely funded treatment due to a lack of clinical benefit. Individual funding requests (IFR) may be made by the requesting clinician to the CCG for consideration, where exceptional circumstances exist.
- (2) **AGREE** to the requirement to develop the clinical criteria for providing NHS hydrotherapy in exceptional circumstances and the contractual mechanism for doing so and cost of providing any future service;
- (3) **AGREE** to request that the Chair and Accountable Officer of the CCG formally notifies all providers and the three Health Overview and Scrutiny Committees of the Governing Body's decisions in writing;
- (4) **AGREE** to communicate with patients and other stakeholders to explain the outcome of the Governing Body meeting and the likely implications of the decisions made.

## Executive Summary

Hydrotherapy is the use of water in the treatment of different conditions, including arthritis, muscular skeletal and neurological conditions. Hydrotherapy differs from swimming because it involves special exercises completed in a pool with a physiotherapist, with the water temperature at 33-36C, which is warmer than a typical swimming pool. Hydrotherapy is a specialist service provided to a small number of patients for a limited period as part of their rehabilitation. Patients in Berkshire West are referred following a physiotherapy assessment and will normally be prescribed a course of up to 6 sessions. In Berkshire West NHS hydrotherapy services are provided as part of the physiotherapy service within the main Royal Berkshire NHS Foundation Trust (RBFT) contract with the CCG. Berkshire West commissions circa 107,000 physiotherapy appointments per annum (across acute and community settings), of which a very small number, approximately 1800, or 1.2% represent hydrotherapy. The service is used by approximately 300 patients per annum at a cost of £240,000 per year.

It was agreed in July 2020 by the Berkshire West CCG Governing Body that a 12 week public consultation should be undertaken to seek a broad range of stakeholder views in order to help inform the CCG in determining whether it should continue commissioning hydrotherapy services for NHS funded patients. The consultation was prompted by the need to review the clinical evidence for hydrotherapy, value for money, and the ongoing operational challenges that have intensified by the infection control challenges COVID has brought in terms of service delivery (pool closure).

The scope of this paper, the consultation and the associated Governing Body decision is limited to hydrotherapy services for NHS patients (those referred by a Physiotherapist or consultant), from RBFT using NHS funding from the CCG. It does not cover hydrotherapy services funded by Local Authorities or other agencies including schools. It also does not cover other agencies that may utilise the pool through non-NHS arrangements. The Governing Body should note that there is a separate, discrete cohort of the population which uses the RBFT hydrotherapy pool facility on a privately funded basis which many of the comments in the consultation relate to.

The consultation commenced on the 10th August 2020 and concluded on the 2nd November 2020. There were 498 individual responses to the survey as well as 9 additional full written responses from organisations representing patients. It should also be noted that wider engagement with the 3 chairs of the Local Authority Health, Overview and Scrutiny Committees took place alongside local MPs and other stakeholder groups.

There are four points to highlight that became evident on analysis of the responses:

1. Of the 496 online responses, 34 IP addresses were used more than once to submit a survey, one of which was used 28 times (the 34 IP addresses totalled 166 of the 498 responses). This could be due to multiple responses from one person or one person submitting responses on behalf of others.
2. Of this total number of responses, only a 59 (12%) identified as being a NHS

- patient who had been prescribed hydrotherapy by a clinician.
3. The majority of the comments in the survey responses refer to use of the pool at RBFT via voluntary sector organisations that commission sessions separately at the pool, and not the NHS provided service.
  4. The benefits and value placed on hydrotherapy by those who responded.

The CCG has a duty to continually ensure limited NHS resources are spent prudently and that the services we commission are evidence based, and offer clinical benefit to the maximum number of people. The CCG regularly review Procedures of Limited Clinical value (PLCV), this is a procedure where the clinical effectiveness of that procedure is either absent or evidence shows weak efficacy. Whilst there are patient reported benefits arising from the use of hydrotherapy there remains a lack of definitive clinical evidence that points to any benefits over and above land-based physiotherapy. There is a limited amount of good quality evidence on the clinical effectiveness of hydrotherapy and randomised controlled trials (RCTs) compared with land-based physiotherapy show no difference in effectiveness on outcomes of function and pain for patients with osteoarthritis, idiopathic arthritis, rheumatoid arthritis, asthma, back pain, fibromyalgia, haemophilia, Parkinson's disease or rehabilitation following stroke. NICE does not recommend the use of hydrotherapy over conventional physiotherapy for any indications.

Based on the clinical effectiveness, value for money and analysis of the consultation, the Governing Body members are requested to approve Option 3b to not routinely fund NHS hydrotherapy services apart from on an exceptionally basis via an Individual Funding Request (IFR). This Option has been recommended after robust evaluation against the decision making principles, it allows the consideration of an individual's need and an assessment of benefits that hydrotherapy could deliver against a set list of criteria. This also ensures we remain aligned with our Integrated Care System partners (Oxfordshire and Buckinghamshire) and other NHS Commissioners as hydrotherapy is not universally provided throughout the NHS for these client groups.

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**Previously considered by (CCG and/or ICS, ICP Boards and/or Committees)**

Berkshire West Clinical Commissioning Committee – November 2020

**Financial and resource implications**

The cost of delivery hydrotherapy services in Berkshire West is approx. £240,000 per annum.

**Risk and Assurance**

Effective consultation and engagement helps underpin the commissioning of safe, high quality services for the local population.

**Legal implications/regulatory requirements**

The public involvement and consultation duties of commissioners are set out in s.13Q NHS Act 2006 (as amended by the Health and Social Care Act 2012) for NHS England and s.14Z2 NHS Act 2006 for CCGs.

**Consultation, public engagement & partnership working implications/impact**

A 12 week public consultation was undertaken to inform this report. This included individual survey responses alongside organisational responses on behalf of patient groups.

**Public Sector Equality/Equity Duty**

An EQIA has been completed based on the options appraisal and sits alongside this report to inform the decision making process.

**Conflicts of Interest**

Not Applicable

No conflict identified

✓

Conflict noted: conflicted party can participate in discussion and decision

Conflict noted, conflicted party can participate in discussion but not decision

Conflict noted, conflicted party can remain but not participate in discussion

Conflict noted, supported paper withheld from conflicted party e.g. pecuniary benefit

Conflicted party is excluded from discussion

**Authority to Make a Decision – process and/or commissioning (if relevant)**

Not Applicable

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## 1. Introduction

Hydrotherapy is the use of water in the treatment of different conditions, including arthritis, muscular skeletal and neurological conditions. Hydrotherapy differs from swimming because it involves special exercises completed in a pool with a physiotherapist, with the water temperature at 33-36C, which is warmer than a typical swimming pool. Hydrotherapy is a specialist service which can be of clinical benefit (albeit limited – see section 5) to a small number of patients for a limited period as part of their rehabilitation. Patients in Berkshire West are referred for hydrotherapy following a physiotherapy assessment and will normally be prescribed a course of up to 6 sessions.

In Berkshire West hydrotherapy services are routinely provided as part of the Physiotherapy service within the main Royal Berkshire NHS Foundation Trust (RBFT) contract with the CCG and are provided as an outpatient service, with a referral either from GPs (for physiotherapy whereby hydrotherapy may be the agreed treatment), RBFT consultants or Physiotherapists. The hydrotherapy service is used by a range of specialties, including Adult MSK, Paediatrics, Neurology and Rheumatology. Berkshire West commissions circa 107,000 physiotherapy appointments per annum (across acute and community settings), of which a very small number, approximately 1800 appointments, or 1.2% represent hydrotherapy.

The Covid pandemic has led to changes to the way patients can access services and receive treatment, and some services have been stopped to keep patients safe. From March 2020 the hydrotherapy service provided at the Royal Berkshire Hospital (RBH) has been closed in line with their Covid infection control policy. There is an ongoing need during this pandemic to ensure patients access services in the safest possible setting. This means that many services are now being delivered in alternative locations rather than in hospitals. Prior to this the pool has frequently been closed due to ongoing maintenance issues which have impacted accessibility for patients even prior to the Covid pandemic.

Berkshire West CCG has a duty to make sure limited NHS resources are spent prudently and that the services we commission are of real clinical benefit to the most number of people. The CCG has been consistently underfunded as a public sector organisation, with the most recent analysis of its financial position demonstrating a shortfall of £25m from the allocation which is required to be equitably funded compared to comparator CCGs. Within this context, the CCG regularly examines the value for money of its commissioned services, alongside clinical effectiveness to ensure both taxpayer value and the ability to invest its scarce resource in clinical priorities.

There is a distinct lack of definitive clinical evidence to say that hydrotherapy offers benefits to patients over and above land-based therapies. It is however, recognised that some clinicians and patients believe there is a therapeutic benefit for certain patients and patient groups.

Due to ongoing operational challenges associated with the pool, the potentially open-ended nature of this pandemic, a need to review the clinical effectiveness of hydrotherapy and its value for money this prompted the CCG to examine the future options for commissioning hydrotherapy.

In July 2020 the Berkshire West CCG Governing Body discussed the need to consult on the future commissioning of hydrotherapy services. Initially a 5 week period of consultation was proposed, however it was felt on balance that given some of the limitations of COVID and the timescale falling over a traditional holiday period that this should be 12 weeks. A 12 week public consultation was agreed to enable the CCG to seek a broad range of stakeholder views to determine whether it should continue commissioning hydrotherapy services for NHS funded patients. The chairs of the three Health Overview and Scrutiny received communication from the CCG of their intention to consult on the 30<sup>th</sup> July 2020.

The consultation commenced on the 10th August 2020 and concluded on the 2nd November 2020.

There were 498 individual responses to the survey (see Appendix 1a) as well as 9 additional full written responses from organisations representing patients (see Appendix 1b). The scope of this consultation included all NHS hydrotherapy services routinely provided to NHS patients under physiotherapy at RBFT. The Governing Body should note that there is a separate, discrete cohort of the population which uses the RBH hydrotherapy facility on a privately funded basis. Whilst the consultation and associated commissioning decision does not pertain to this group, there is

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considerable interest in the CCG's decision from non-NHS funded users of the pool. This report outlines the findings from that consultation, the clinical effectiveness and value for money of hydrotherapy and utilises agreed decision making criteria to make recommendations regarding the future commissioning arrangements of this service.

These decision making criteria are as follows:

- I. To offer procedures and treatments consistently and fairly to patients.
- II. To ensure that services meet the latest national clinical guidance and are supported by robust clinical evidence.
- III. To review the use of treatments that do not have any benefit, or have a very limited evidence base.
- IV. To prioritise treatments which provide the greatest benefits to patients.
- V. To ensure best value for NHS money.
- VI. To ensure services are provided in the right place at the right time and care is offered closer to home where feasible.

## 2. Scope of the Governing Body Decision

The scope of this paper, the consultation and the associated Governing Body decision is defined to cover hydrotherapy services for NHS patients (those referred by a Physiotherapist or consultant), from the RBFT using NHS funding from the CCG. It does not cover hydrotherapy services funded by Local Authorities and commissioned from other agencies including schools. It also does not cover all activities that operate from the RBFT pool as many other agencies utilise the pool through other non-NHS arrangements.

It is outside of the remit of the CCG to make decisions on the future of the hydrotherapy pool on the RBFT site, including whether it remains open or closes.

It should be noted that the consultation was open to all members of the public to share their views, regardless of whether they are, or ever have been, a NHS funded user of the hydrotherapy facility.

## 3. Background

The hydrotherapy service at RBFT caters for those who are directly referred for physiotherapy by their GPs, consultants within the hospital or other Allied Health Professionals (AHPs). Sessions have traditionally been allocated for certain services, regardless of their usage levels. Hydrotherapy is one modality of physiotherapy and it is reported that in the main benefits a very small number of patients requiring physiotherapy.

The provision of hydrotherapy has been under discussion for some time, attracting public interest after a decision was taken by RBFT to close the facility in 2016/17 which was subsequently withdrawn.

Timeline of activity to date includes:

- - **June 2016:** RBFT's Senior Management Team approved a paper recommending the discontinuation of the hydrotherapy services and closure of the pool.
  - **January 2017:** RBFT agreed to a review of the proposal to close the pool.
  - **January 2017– June 2017:** A number of patient representative meetings were held as part of the review including MPs and patient representatives.
  - **June 2017:** agreement by RBFT to closure was deferred in the face of public concern pending further stakeholder engagement (internal and external).
  - **December 2017-February 2018:** RBFT planned closure of the pool for refurbishment agreed with the CCG.
  - **Further closures during 2018:** primarily as a result of the boiler failing, with secondary equipment issues impacting on utilisation and associated running costs.
  - **February 2018** – External stakeholder meeting hosted by Chief Executive, RBFT
  - **June 2018** – Questionnaire sent to RBFT staff to seek clinical opinion on hydrotherapy services
  - **June 2018** – Information collated on hydrotherapy complaints and safety risks
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- **June 2018:** paper to RBFT Executive Management Committee agreeing a number of recommendations including:
    - Seeking a Berkshire West wide system review of the future of hydrotherapy in Berkshire West including consideration of alternative options and/or ceasing provision.
    - Short term work by RBFT to find ways to improve income/reduce loss
    - Collaborative work with commissioners to reinvigorate work with interested parties on the development of suitable alternative provision
  - **December 2018** – Further engagement with local MPs led by RBFT
  - **October 2019** – Internal RBFT stakeholder meeting with clinicians who either refer to hydrotherapy or provide the service.
  - **March 2020:** The pool located on the RBH site is closed due to COVID infection control policy and is likely to remain this way for a considerable period of time.
  - **July 2020** – Chairs of Health Overview and Scrutiny committee across Berkshire West, local MPs and RBFT informed of CCG consultation.
  - **August – November 2020:** 12 week public consultation by the CCG on the future commissioning of hydrotherapy Services. 498 survey responses received, stakeholder meetings held.
  - **November 2020** – CCG met with Health Overview and Scrutiny chairs (post consultation closure) to outline key messages from the consultation as well as the implications and confirm next steps in the process.

#### 4. Clinical evidence and benefits

##### 4.1 What is hydrotherapy?

Hydrotherapy is a specialist form of physiotherapy that utilises the properties of water for assistance, support and resistance in order to alleviate pain, improve mobility and increase strength. It is usually used in conjunction with other types of physiotherapy treatment such as manual therapy and land-based exercises. However, hydrotherapy is clinically appropriate for a very small percentage of physiotherapy patients. It is used for those patients whom have suffered multiple trauma, have complex post-operative needs or present with a neurological or MSK condition where assessed patients would potentially benefit. Hydrotherapy treatment should typically commence within 2 weeks of trauma or an operation to optimise clinical outcomes. In Berkshire West hydrotherapy provision by the NHS is available for those patients for whom it is assessed that there will be a clinical benefit. Patients are assessed against RBFT criteria, including safety and it is a Physiotherapists decision as to whether hydrotherapy is a viable adjunct to land therapy.

##### 4.2 Clinical effectiveness

There is a limited amount of good quality evidence on the clinical effectiveness of hydrotherapy. For Paediatrics and neuro-rehabilitation there is some evidence to suggest that there are clinical benefits of hydrotherapy and for patients who are unable to stand independently this can be more beneficial than land-based therapies. The evidence suggests that for patients presenting with total hip and knee replacements and multiple fractures there is some clinical benefit. However, this benefit is no greater than alternative land-based interventions such as exercise groups in the gym and manual therapy. Consequently, hydrotherapy is not universally provided throughout the NHS for these client groups and is more often than not based on whether there is a suitable pool in the local area or not.

Randomised controlled trials (RCTs) of hydrotherapy compared with land-based physiotherapy show no difference in effectiveness on outcomes of function and pain for patients with osteoarthritis, idiopathic arthritis, rheumatoid arthritis, asthma, back pain, fibromyalgia, haemophilia, Parkinson's disease or rehabilitation following stroke. There is some low quality evidence which suggests that hydrotherapy may be better than conventional physiotherapy for rehabilitation in patients following hip or knee replacement. For other indications, there are no RCTs of hydrotherapy versus land-based physiotherapy. The National Institute for Clinical Excellence (NICE) does not recommend the use of hydrotherapy over conventional physiotherapy for any indications (a full list of references can be found in Appendix 2).

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There is some evidence to suggest that hydrotherapy has a positive role in reducing pain and improving the health status of patients with Rheumatoid Arthritis compared with no or other interventions in the short term. However, the long-term benefit is unknown. Further studies are needed.<sup>1</sup>

From a qualitative study undertaken in New Zealand<sup>2</sup> it is evident that exercising in a hydrotherapy pool provides buoyance and warmth which enable people to feel safe, do more exercises than they would be able to do on land or a public pool, and provides them with physical and psychological benefits.

An Australian study which analysed nine original articles addressing the benefits of hydrotherapy on adult populations with chronic MSK conditions found evidence to suggest that hydrotherapy had a positive effect on pain, quality of life, condition-related disability and functional exercise capacity. It was also noted that following hydrotherapy, the perceived benefit of well-being was superior to land-based exercise protocols in cases where water temperature was within a range (33.5–35.5 °C).<sup>3</sup>

Overall however there is lack of widely recognised evidence on how hydrotherapy improves a number of the diseases above with many of the benefits outlined as self-reported, which is one of the limitations. It was also noted in many of the articles reviewed that further studies were required to assess the clinical benefits of hydrotherapy. Finally NICE guidance which is based on the best available evidence does not recommend the use of hydrotherapy over conventional physiotherapy.

#### 4.3 Patient reported benefits

It is evident from the responses received to the consultation and the studies above that patients do report benefits as a result of hydrotherapy sessions. Some patients experience an increased range of movement and improved independence. In addition, patients enjoy the warm environment and the social aspect which brings mutual support from other patients. These factors result in patients often wanting to continue with hydrotherapy beyond NHS provision.

As part of the consultation patients and patient groups articulated a number of benefits they gained from accessing hydrotherapy including:

- Buoyancy relieves the pressure on painful joints experienced on weight bearing.
- Warmth increases circulation, eases stiffness, often enabling greater range of movement.
- Improves strength and balance.
- Viscosity provides variable resistance for exercising in a safe, supported medium.
- Movement of the water helps build coordination and balance and builds confidence to weight bear outside of the pool.
- Enables exercise without experiencing pain.
- Pain relief without resort to opioids and other pain killers
- Stress relief, relaxation and improves general wellbeing
- Supports restful sleep
- Inability to access land-based Physiotherapy due to the nature of specific conditions and how it impacts a patient.
- Enables some groups, particularly children and those with learning disabilities to partake in physiotherapy that wouldn't be as easy if it were land-based.

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<sup>1</sup> **The Effectiveness of Hydrotherapy in the Management of Rheumatoid Arthritis: A Systematic Review.** Khamis Y. Al-Qubaeissy MD , Francis A. Fatoye PhD , Peter C. Goodwin PhD, Abebaw M. Yohannes PhD, MSc, FCCP

<sup>2</sup> **Patient reported benefits of hydrotherapy for arthritis** Larmer P, Kersten P, Dangan J (2014) New Zealand Journal of Physiotherapy 42(2): 89-93.

<sup>3</sup> **The impact of hydrotherapy on a patient's perceived well-being: a critical review of the literature.** Amy Carere & Robin Orr, Bond Institute of Health and Sport, Bond University, Gold Coast.

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It has also been suggested that hydrotherapy may be of benefit to those experiencing 'long Covid' symptoms where patients have experienced a reduction in the use of muscles as a result of contracting CoVid-19 however this is still an area that requires significantly more research.

#### **4.4 Productivity benefits**

The majority of hydrotherapy sessions tend to be delivered in a group setting. This enables one therapist to provide support to a number of patients simultaneously, therefore increasing productivity for the treating therapist. However, the running costs of the hydrotherapy facility itself are typically higher than 'land-based' physiotherapy facilities due to its very nature of maintaining a constant high temperature of the water and the associated energy and infrastructure required to do this.

#### **5. Financial considerations**

The hydrotherapy service currently costs the local NHS in the region of £240,000 a year. Further significant work is expected in future years on maintaining the pool with both a capital and revenue consequence in addition.

A land-based physiotherapy service would cost between £35, 000-£72, 000 for the same number of patients which is a therapy that has strong clinical evidence behind it and is more cost-effective treatment option.

#### **6. Patient pathway and activity**

Generally, patients participate in a 4-6 week block of hydrotherapy dependent upon need. Following this, they would be either discharged or referred back to the assessing clinician.

The process for determining whether a patient receives hydrotherapy is:

- RBFT physiotherapists can refer into hydrotherapy as an adjunct therapy alongside the patients land-based treatment.
- GPs will refer for physiotherapy but may express an interest in hydrotherapy as part of the management plan, but it is at the discretion of the physiotherapist if this happens or not.
- External Physiotherapy providers can directly refer for hydrotherapy which may be either accepted or rejected.
- Internal referrals from Orthopaedics sometimes request hydrotherapy as part of the patient's treatment but again this is at the discretion of the Physiotherapist triaging the referrals.

##### **6.1 Hydrotherapy activity**

Out of the 107,000 physiotherapy appointments Berkshire West routinely commissions each year from RBFT, around 1,800 (1.7%) are for NHS hydrotherapy and 93% are Berkshire West patients (the remaining number are patients from outside the area accessing the service) . On average patients use the service for 5.8 appointments each and therefore the 1800 appointments are utilised by approximately 310 individual patients (0.05% of the Berkshire West CCG registered population). It should also be noted that there is a high dropout rate with on average 8 out of every 12 appointments attended. This makes the service incredibly inefficient.

##### **6.2 Equalities data**

RBFT routinely collect information relating to the variety of equalities domains for those that use their services. Information regarding patients who utilised the hydrotherapy service in 2019-20 indicates that the majority of patients defined themselves as White, Female and Single however the range for age was equally spread from aged 1 to 100 years. No information was available regarding disability however it can be assumed from the hospital specialities that use the service in the main, for example MSK and Neurology that a number of the patients would have a registered disability. A full Equalities and Quality impact assessment has been completed as part of this consultation and can be found in Appendix 3. Through this analysis it is deemed that no adverse impact would be experienced by those groups with protected characteristics due to the alternative service provision offer of land-based physiotherapy and all options presented allow some access to hydrotherapy.

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## 7. Consultation Process

The current COVID context has had implications on the more traditional methods of consultation (events/meetings) and engagement with stakeholders; however it should be noted that engagement work had already been undertaken (pre-COVID) as part of the ongoing dialogue with stakeholders from 2016/17 in partnership with RBFT (outlined in section 3 above). This consultation therefore took a thorough digital based approach to gather the views of the public as well as engagement with stakeholder groups on the future provision of this service including:

- Online and hard copy survey
- Dedicated consultation inbox to submit further responses to the consultation beyond the survey questions.
- Virtual stakeholder meetings including MPs, voluntary organisations and patients (October 2020).
- Notification of the intention to consult sent to chairs of each local authority Health overview and Scrutiny committee (Reading, Wokingham and West Berkshire) in July 2020.
- Briefing session undertaken with the chairs above upon closure of the consultation with key messages and next steps

The CCG capitalised on the extensive network of patient and public involvement forums to ensure the consultation was well publicised utilising the support from the Communication and Engagement teams across health partners and local government.

A press release went out on 10 August 2020 to a series of local media outlets across the region, BBC Radio Berkshire and BBC TV South ran stories on 12 August 2020 including interviews with local users of the pool. The press release also went to the three local Healthwatch organisations and voluntary sector organisations that publicised the consultation in their newsletters. It went to the 3 local authority communications teams for use in resident newsletters, there were monthly items in the Patient Participation newsletters and it also went to the parish councils across Berkshire West for use in their newsletters. This has also been supported by a weekly social media campaign on Twitter. The consultation was open to all members of the public to share their views and will have included those who may have accessed hydrotherapy services at RBFT via private arrangements.

## 8. Consultation results

The survey included 11 questions to answer in total however if the responder did not identify themselves as an NHS patient prescribed hydrotherapy or someone who had used the service there was only 5 questions to answer with the opportunity to provide further commentary at the end of the survey.

From the response to the consultation it is evident that a large number of the responses to the survey relate to services that are outside of the scope of this consultation e.g. hydrotherapy provided in special schools and patients accessing the hydrotherapy pool at RBFT via voluntary sector organisations. It is therefore challenging to draw distinct conclusions from the data as it is not possible to entirely determine who would and who would not be affected by the consultation results from the survey alone.

The survey results and the associated additional commentary were reviewed by the CCG and are presented below. The responses to the survey can be found in Appendix 1a. The full qualitative commentary has been excluded from this report to protect patients confidentiality but a selection of comments have been included in Appendix 1c as a snap shot of the general tone of response.

### 8.1 Who responded to the consultation?

In total 498 responses were received to the survey, 496 using the Survey Monkey link online and 2 received either by hard copy or e mail as well as 9 additional full written responses from organisations/individuals representing patients. The full results can be found in Appendix 1a attached to this report. Of this number, 217 (or 44%) had used the NHS hydrotherapy services and 279 (56%) had not.

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It should be noted that on analysis of these numbers it has become evident that of the 496 online

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responses 34 IP addresses were used more than once to submit a survey, one of which was used 28 times (the 34 IP addresses totalled 166 of the 498 responses). This could be due to multiple responses from one person or one person submitting responses on behalf of others.

Of this total number of responses, only a very small number (59 or 12%) identified as being an NHS patient who had been prescribed hydrotherapy by a clinician. However, 11 have suggested in their response they have not used the pool and a further 11 used the pool but with a voluntary organisation so it cannot be assumed their answers wholly relate to the NHS service. The majority responded in a personal capacity as an interested member of the public (258) or other (124) which included a mix of health professionals and voluntary groups.

It is important to note that a significant number of people access hydrotherapy privately at the same pool, for this reason (probably due to its location on the hospital site) it is difficult to distinguish between those who have benefited from the NHS provided services versus those who have not.. In terms of the scope of this consultation, it is focussed on the future commissioning of hydrotherapy services for NHS patients, not how the pool is used more widely. The latter is at the discretion of RBFT not the CCG. It is apparent from the vast majority of the comments in the survey responses that patients are referring to their use of the pool at RBFT via voluntary sector organisations who commission sessions separately, and not the NHS provided service.

In terms of equalities data, the majority of respondents identified as a woman (78%) and there was generally a wide and fairly even mix of age groups that completed the survey. 66% of respondents identified as White English and a further 17% as White British meaning this ethnicity group make up the majority. The bulk of respondents did not consider themselves to have a disability. Finally, the majority identified themselves as Heterosexual (90%) and 53% as Christian or 35% having no religion.

To note, the above equalities profile does not necessarily reflect the full picture of NHS patients accessing hydrotherapy service (please see EQIA in Appendix 3)

## **8.2 Quality and benefits of the service**

Question three of the survey asked respondents to rate the NHS hydrotherapy service with 1 being 'Poor' and 10 being 'Very Good.' For those that had used the hydrotherapy service the vast majority rated it as 'Very Good' – 88 people out of a total of 151 who responded and only 3 rated it as poor. This indicates that patients deem the service to be of high quality and therefore had a positive experience.

It is clear from Table 1 below that the hydrotherapy service is deemed to provide an excellent service with the majority (145 out of 151) of those that responded stating that it is beneficial both for patients who have used the service and the availability of it to the general population.

However, it should also be noted that some answers in the survey were contradictory or more accurately did not support answers to prior questions, for example some respondents felt the service was not beneficial to the population but did feel it represented good value for money.

As stated previously it is apparent from the majority of the comments in the survey responses that patients are referring to their use of the pool at RBFT via voluntary sector organisations who commission sessions separately at the pool, and not the NHS provided service. Therefore the benefits related to the NHS provided service are from a much smaller pool of responders.

Table 1:

	No of Respondents	Average score		
		NHS Service - ratings	Service benefits	Benefici: populat
An NHS patient prescribed NHS hydrotherapy	59	9.1	9.64	9.68
Used NHS pool in Reading	218	8.93	9.51	9.53
Used NHS pool in Reading excluding those prescribed NHS hydrotherapy	170	8.88	9.45	9.45
Not used pool	280	no scores*	no scores*	8.81
* If indicated no use of the pool then this question was not answered				

### 8.3 Value for money

As part of the survey respondents were asked:

*Taking in to consideration the money available to the NHS and the clinical evidence, do you think hydrotherapy services represent good value for money?*

364 people answered this question with the vast majority (334 or 91.8%) stating that they did think the service represented good value for money. 30 people (or 8.2%) stated that it does not represent good value for money.

### 8.4 Impact of the service

The survey asked respondents:

*If hydrotherapy services were to close what impact would this have on patients? (1 no impact - 10 substantial impact)*

64% (364) thought it would have a substantial impact on patients. However, akin to previous questions it is unclear as to whether respondent answers do relate to whether the NHS service continues to be commissioned or their use of the RBFT pool via other means changes.

### 8.5 Other commentary – themes

On analysis of the commentary provided at the end of the survey, where respondents were invited to provide any other comments on the consultation, set out below are a number of themes that emerged:

**The service doesn't necessarily need to be provided on an acute hospital site**

**There are many reported positive benefits for patients in terms of pain relief and increased mobility**

**A better pool is required**

**Money could be spent on other services/treatments**

**Consider opportunities for income generation**

**Long term preventative value of the service should be considered**

**Service only benefits Reading patients**

**Reduces the need for pain medication**

## 9 Decision making principles

Alongside the views collected on hydrotherapy as part of the survey the CCG have an agreed set of decision making principles which will ensure a consistent and fair approach. These were set out in the consultation documentation and include:

- I. To offer procedures and treatments consistently and fairly to patients.
- II. To ensure that services meet the latest national clinical guidance and are supported by robust clinical evidence.
- III. To review the use of treatments that do not have any benefit, or have a very limited evidence base.
- IV. To prioritise treatments which provide the greatest benefits to patients.
- V. To ensure best value for NHS money.
- VI. To ensure services are provided in the right place at the right time and care is offered closer to home where feasible.

## 10 Options appraisal

As a consequence of the feedback collected as part of the consultation, alongside clinical evidence and value for money a number of options for appraisal are presented below, including their implications, as to how the CCG could proceed. Each option has then been evaluated against the decision making principles set out at the start of the consultation (Table 2 below).

### **Option 1 - Continue to provide hydrotherapy services as part of the block contract arrangement with RBFT**

Under this option there would be no change to current service provision however the service remains closed due to Covid Infection control policy. The CCG would need to work with RBFT to determine process and timescales for re-opening the pool on the acute site. Hydrotherapy is offered as an adjunct modality to support land-based physiotherapy, which will not be affected and will continue to be offered as it is currently.

### **Option 2 – Continue to commission hydrotherapy services but on an alternative purchasing basis.**

This would involve RBFT subcontracting or the CCG commissioning with alternative pools to provide individual and group sessions with a physiotherapist for patients who would have accessed the pool at RBH. This would need to be explored in full with RBFT partners to assess feasibility. There are a number of hydrotherapy pools in Berkshire West but it is unclear at this stage if they are suitable or have the capacity to accommodate patients. There is the risk of no suitable alternative provision being available in the community, resulting in no local hydrotherapy service. There is also a financial risk to the CCG as the volume of patients requiring Hydrotherapy in the future is unknown, a sessional approach may therefore prove more expensive and unaffordable.

In addition, if the service moves to different premises, transport and carers arrangements may be difficult for some patients but it may also improve access for others in other areas of Berkshire West. As far as is reasonably possible services will be secured as close to a patients home as is practical. The location and facilities must comply with the Equality Act 2010 including adequate disabled access and changing facilities. Individual sessions or single sex sessions should be provided in order to support patients with particular religious beliefs and patients that have had gender reassignment or are transgender.

### **Option 3a - Continue to commission hydrotherapy services but on an alternative purchasing basis with clear clinical criteria and a prior approval process prior to treatment to confirm compliance with criteria.**

The commissioning arrangements for this option are the same as Option 2 with one notable difference, the implementation of a prior approval process. A clinical policy and criteria would need drafting to implement this option.

RBFT would need prior approval to request hydrotherapy as a treatment option before commencing treatment, only those patients who met the criteria would access this service. As per Option 2 this

would involve RBFT subcontracting or the CCG commissioning with alternative pools to provide individual and group sessions with a physiotherapist for patients who would have accessed the pool at RBH. Patients would also be offered land-based Physiotherapy as an alternative. Again, the feasibility of this option would need to be tested with RBFT.

The financial risk as outlined in Option 2 is reduced due to following set clinical criteria. The consideration of service provision from different premises apply as outlined in Option 2.

**Option 3b – Commission Hydrotherapy services but on an alternative purchasing basis only when exceptionality can be demonstrated via an individual funding request.**

The commissioning arrangements for this option are the same as Option 3a with one notable difference, the implementation of a Red policy IFR. Red policies relate to procedures not routinely funded by the Commissioner (CCG). These are procedures that will not be routinely funded by the commissioning CCG due to a lack of evidence for clinical benefit, limited resource or the responsibility of specialised commissioning. Other management options should be considered.

RBFT would need prior approval to request hydrotherapy as a treatment option before commencing treatment and these would only be approved in exceptional circumstances. A clinical policy and exceptionality criteria would need drafting to implement this option.

The same contracting mechanism would need consideration as described in Option 2 and 3b.

The financial risk as outlined in Option 2 is reduced significantly due to considering an individual's exceptionality on set clinical criteria. The consideration of service provision from different premises applies as outlined in Option 2.

### 10.1 Options appraisal matrix

Each of these options has been evaluated below against the decision making principles adopted at the start of the consultation. The rationale for each of these is outlined in more detail in Appendix 6.

**Table 2**

	Option 1	Option 2	Option 3a	Option 3b
<b>Decision making principles</b>				
To offer procedures and treatments consistently and fairly to patients.	✗	✗	✓	✓
To ensure that services meet the latest national clinical guidance and are supported by robust clinical evidence.	✗	✗	✓	✓
To review the use of treatments that do not have any benefit, or have a very limited evidence base.	✗	✗	✓	✓
To prioritise treatments which provide the greatest benefits to patients.	✗	✗	✗	✓
To ensure best value for NHS money.	✗	✗	✗	✓
To ensure services are provided in the right place at the right time and care is offered closer to home where feasible.	✗	✓	✓	✓

---

## 11 Conclusion

The CCG is aware of the ongoing operational challenges in delivering hydrotherapy from the RBFT pool. COVID and a renewed focus on infection prevention control have intensified these challenges over recent months and the pool has been closed since March 2020. Alongside this the CCG has a duty to continually ensure limited NHS resources are spent prudently and that the services we commission are evidence based, and offer clinical benefit to the maximum number of people.

As part of this consultation we have reviewed the clinical evidence for hydrotherapy. The availability of good quality clinical evidence for the clinical effectiveness of hydrotherapy is limited. The evidence suggests that any Hydrotherapy benefits are no greater than alternative land-based interventions such as exercise groups in the gym, manual therapy and acupuncture. Consequently, hydrotherapy is not universally provided throughout the NHS and in addition land-based physiotherapy can be provided which results in equivalent outcomes for a lower cost. In any one year there are a very small number of NHS patients who access Hydrotherapy at RBH (approx. 300).

However, from the consultation responses the CCG recognise the value placed on hydrotherapy by patients and reported benefits to them

Taking in to consideration all of the above the CCG is proposing the implementation of Option 3b. This would ensure that any provision of hydrotherapy is based on the exceptional needs of an individual based on set clinical criteria and deemed to be of sufficient clinical benefit to fund. This would also ensure that any financial risk to the CCG is minimised.

## 12 Recommendation

That the Governing Body:

- (1) **APPROVES** the recommendation as set out in Option 3b that hydrotherapy is a not routinely funded treatment due to a lack of clinical benefit. Individual funding requests (IFR) may be made by the requesting clinician to the CCG for consideration, where exceptional circumstances exist.
  - (2) **AGREES** to the requirement to develop the clinical criteria for providing NHS hydrotherapy in exceptional circumstances, the contractual mechanism for doing so and cost of providing any future service;
  - (3) **AGREES** to request that the Chair and Accountable Officer of the CCG formally notifies all providers and the three Health Overview and Scrutiny Committees of the Governing Body's decisions in writing;
  - (4) **AGREES** to communicate with patients and other stakeholders to explain the outcome of the Governing Body meeting and the likely implications of the decisions made.
-

## **Appendix 1a - Full consultation responses (minus free text) – see separate document**

### **Appendix 1b - Additional consultation responses**

Arthritis Matters  
 After Cancer  
 National Axial Spondyloarthritis Society (NASS)  
 Reading Borough Council  
 West Berkshire Neurological Alliance  
 Wokingham SEND and family forum  
 MP for Reading West, Alok Sharma  
 MP for Reading East, Matt Rodda  
 University Hospital Southampton NHS Foundation Trust

### **Appendix 1c – Sample of commentary taken from survey responses**

#### **Quality and benefits of the service**

*“I depend on hydrotherapy to stay mobile after multiple injuries”*

*“Essential as legs too weak to support me on land for exercising”  
 “Always friendly staff and excellent attention”*

*“Thoughtful, helpful and knowledgeable staff”*

*“It helps with no impact exercise”*

*“I found this invaluable to easing my arthritis and neuropathy pain”*

*“I found very beneficial after knee replacement surgery”*

*“Provided access to exercise for those who struggle to exercise on land and also to self-manage chronic long term conditions such as pain, fibromyalgia, arthritis etc”*

#### **Value for money**

*“A lot of money for a few people. If money was no object then I've no doubt it's a good service but unfortunately money is an issue in the NHS so we need to spend it wisely.”*

*“I assume costs of maintaining the pool cause the majority of disparity between land and water. More economical provision of pool facilities are needed such as NHS provision within a private setting.”*

*“I am sad to say the figures you have given of the Hydro running costs as opposed to land-based physio is extraordinarily high which is very disappointing. On the other hand without it, it could lead to many patients condition deteriorating leading to costlier treatments and care costs. So your Hydro and land-based comparison isn't necessarily a true outcome.”*

*“Little / no evidence to support its benefit - the exercising in water potential benefit can be equally well obtained in any pool doing exercise classes”*

*“Probably not on paper but important for patients' morale.”*

*“Absolutely not as the number of people treated is so low and the cost per person so high. It is astounding that the NHS has continued to fund this as it is extremely simple to go to a swimming pool and do these exercises yourself. It is completely unnecessary to have a professional do this with a patient.”*

*“Costs explained in the informative text preceding this survey demonstrate that land-based physiotherapy is markedly more cost effective than hydro.”*

## Appendix 2 – References

1. Schencking M, Wilm S, Redaelli M. A comparison of Kneipp hydrotherapy with conventional physiotherapy in the treatment of osteoarthritis: a pilot trial. *Journal of integrative medicine*. Jan 2013;11(1):17-25.
2. Silva L E, Valim V, Pessanha A P, et al. Hydrotherapy versus conventional land-based exercise for the management of patients with osteoarthritis of the knee: a randomized clinical trial. *Physical therapy*. Jan 2008;88(1):12-21.
3. Gill S D, McBurney H, Schulz D L. Land-based versus pool-based exercise for people awaiting joint replacement surgery of the hip or knee: results of a randomized controlled trial. *Archives of physical medicine and rehabilitation*. Mar 2009;90(3):388-394.
4. Epps H, Ginnelly L, Utley M, et al. Is hydrotherapy cost-effective? A randomised controlled trial of combined hydrotherapy programmes compared with physiotherapy land techniques in children with juvenile idiopathic arthritis. *Health Technol Assess*. Oct 2005;9(39):iii-iv, ix-x, 1-59
5. Hall J, Skevington S M, Maddison P J, Chapman K. A randomized and controlled trial of hydrotherapy in rheumatoid arthritis. *Arthritis care and research : the official journal of the Arthritis Health Professions Association*. Jun 1996;9(3):206-215.
6. Sanford-Smith S, MacKay-Lyons M, Nunes-Clement S. Therapeutic benefit of aquaerobics for individuals with rheumatoid arthritis *Physiotherapy Canada*. 1998;50:40–46.
7. Eversden L, Maggs F, Nightingale P, Jobanputra P. A pragmatic randomised controlled trial of hydrotherapy and land exercises on overall well being and quality of life in rheumatoid arthritis. *BMC musculoskeletal disorders*. 2007;8:23.
8. Grande A J, Silva V, Andriolo B N, Riera R, Parra S A, Peccin M S. Water-based exercise for adults with asthma. *The Cochrane database of systematic reviews*. 2014;7:CD010456.
9. Sjogren T, Long N, Storay I, Smith J. Group hydrotherapy versus group land-based treatment for chronic low back pain. *Physiotherapy research international : the journal for researchers and clinicians in physical therapy*. 1997;2(4):212-222.
10. Costantino C, Romiti D. Effectiveness of Back School program versus hydrotherapy in elderly patients with chronic non-specific low back pain: a randomized clinical trial. *Acta Biomed*. 2014;85(3):52-61.
11. Naumann J, Sadaghiani C. Therapeutic benefit of balneotherapy and hydrotherapy in the management of fibromyalgia syndrome: a qualitative systematic review and meta-analysis of randomized controlled trials. *Arthritis research & therapy*. 2014;16(4):R141.
12. Mazloum V, Rahnema N, Khayambashi K. Effects of therapeutic exercise and hydrotherapy on pain severity and knee range of motion in patients with hemophilia: a randomized controlled trial. *International journal of preventive medicine*. Jan 2014;5(1):83-88.
13. Vivas J, Arias P, Cudeiro J. Aquatic therapy versus conventional land-based therapy for Parkinson's disease: an open-label pilot study. *Archives of physical medicine and rehabilitation*. Aug 2011;92(8):1202-1210.
14. Mehrholz J, Kugler J, Pohl M. Water-based exercises for improving activities of daily living after stroke. *The Cochrane database of systematic reviews*. 2011(1):CD008186.
15. Giaquinto S, Ciotola E, Dall'armi V, Margutti F. Hydrotherapy after total hip arthroplasty: a follow-up study. *Archives of gerontology and geriatrics*. Jan-Feb 2010;50(1):92-95.
16. Rahmann A E, Brauer S G, Nitz J C. A specific inpatient aquatic physiotherapy program improves strength after total hip or knee replacement surgery: a randomized controlled trial. *Archives of physical medicine and rehabilitation*. May 2009;90(5):745-755.

## Appendix 3 – EQIA – see separate document

## Appendix 4 - Option evaluation

Decision making criteria	Option 1 – Continue to commission Hydrotherapy services as part of the block contract arrangement with RBFT.	Option 2 - Continue to commission Hydrotherapy services but on an alternative purchasing basis.	Option 3a - Continue to commission Hydrotherapy services but on an alternative purchasing basis with clear clinical criteria and a prior approval process before treatment to confirm compliance with criteria.	Option 3b –Commission Hydrotherapy services but on an alternative purchasing basis only when exceptionality can be demonstrated via an individual funding request.
<p><b>To offer procedures and treatments consistently and fairly to patients.</b></p> <p>34</p>	<p>No disruption to current service provision. Hydrotherapy services remain available for Berkshire West patients.</p> <p>Current Hydrotherapy pool at RBFT remains closed due to COVID infection control and unclear on status of when it may be safe to re-open.</p> <p>No agreed criteria in place to assess suitability for Hydrotherapy.</p> <p>Pre-Covid the pool on the RBFT has been closed on multiple occasions which has meant patients have been unable to access Hydrotherapy.</p> <p>Of the circa 500 responses to the consultation only 59 NHS patients responded to the consultation and identified themselves as recipients of the NHS service at RBFT.</p>	<p>An acute hospital site may not necessarily be the most appropriate for non-acute care such as Hydrotherapy.</p> <p>RBFT is not an accessible site for all Berkshire West patients. Potential to provide a service closer to the patient homes rather than solely focussing on Reading.</p> <p>No agreed criteria in place to assess suitability for Hydrotherapy.</p> <p>There is the risk of no suitable alternative provision being available in the community, resulting in no local hydrotherapy service.</p> <p>Patients would still have access to land-based therapies provided by RBH Physiotherapy Team.</p>	<p>An acute hospital site may not necessarily be the most appropriate for non-acute care such as Hydrotherapy.</p> <p>RBFT is not an accessible site for all Berkshire West patients. Potential to provide a service closer to the patient homes rather than solely focussing on Reading locality.</p> <p>There is the risk of no suitable alternative provision being available in the community, resulting in no local hydrotherapy service.</p> <p>Patients would still have access to land-based therapies provided by RBH Physiotherapy Team.</p> <p>Hydrotherapy available via a prior approval process.</p>	<p>Hydrotherapy would still be available in exceptional circumstances as per IFR policy and criteria.</p> <p>Patients would still have access to land-based therapies provided by RBH Physiotherapy Team.</p>

Date: 8 December 2020

Filename: Future Commissioning of Hydrotherapy services in Berkshire West

**To ensure that services meet the latest national clinical guidance and are supported by robust clinical evidence.**

Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy.

Strong patient reported benefits of the effect of Hydrotherapy on pain.

Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy.

Risk of poor patient experience and impact to their physiotherapy healthcare requirements.

Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy.

Risk of poor patient experience and impact to their physiotherapy healthcare requirements.

Minimal clinical evidence to support Hydrotherapy above land-based Physiotherapy.

Risk of poor patient experience and impact to their physiotherapy healthcare requirements.

Prior approval process will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria.

IFR will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria. Requires clinician to demonstrate clinical benefits for the patient. Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy despite strong patient reported benefits.

**To review the use of treatments that do not have any benefit, or have a very limited evidence base.**

Strong patient reported benefits of the effect of Hydrotherapy on pain.

Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy despite strong patient reported benefits.

Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy despite strong patient reported benefits.

Prior approval process will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria.

IFR will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria. Requires clinician to demonstrate clinical benefits for the patient. Not fully supported by patients – strong patient reported outcomes.

**To prioritise treatments which provide the greatest benefits to patients.**

Minimal clinical evidence to support Hydrotherapy over land-based Physiotherapy.

Strong patient reported benefits of the effect of Hydrotherapy on pain.

There is the risk of no suitable alternative provision being available in the community, resulting in no local hydrotherapy service.

Patient reported outcomes highlighted benefits experienced as a result of Hydrotherapy.

Land-based physiotherapy still available for patients to access as needed.



**To ensure best value for NHS money.**

Numbers suitable for Hydrotherapy are very small but the cost to provide is very high. The service also experiences a high volume of appointments where patients did not attend (DNA).

Unknown cost implications for the CCG and could prove more expensive than current provision making it unaffordable.

Unknown cost implications for the CCG and could prove more expensive than current provision making it unaffordable.

Clinical evidence supports use of land-based physiotherapy as an equivalent treatment for a lower cost.

There is the risk of no suitable alternative provision being available in the community or at an increased cost.

There is the risk of no suitable alternative provision being available in the community or at an increased cost.

There is the risk of no suitable alternative provision being available in the community or at an increased cost.

**To ensure services are provided in the right place at the right time and care is offered closer to home where feasible.**

Risk of service and access inequity for Berkshire West patients due to accessibility of RBH site and location.

Hydrotherapy services remain available for Berkshire West patients which supports view of the consultation.

Could reduce unnecessary and costly travel.

Currently unclear on the capacity of alternative providers to meet current demand.

Potential to provide a service closer to patient homes rather than solely focussing on Reading.

Could reduce unnecessary and costly travel.

Currently unclear on the capacity of alternative providers to meet current demand.

Potential to provide a service closer to patient homes rather than solely focussing on Reading.

Could reduce unnecessary and costly travel.

Land-based physiotherapy still available for patients to access as needed.

# 37 Commissioning of hydrotherapy services in Berkshire West

Tuesday, November 03, 2020

496

Total Responses

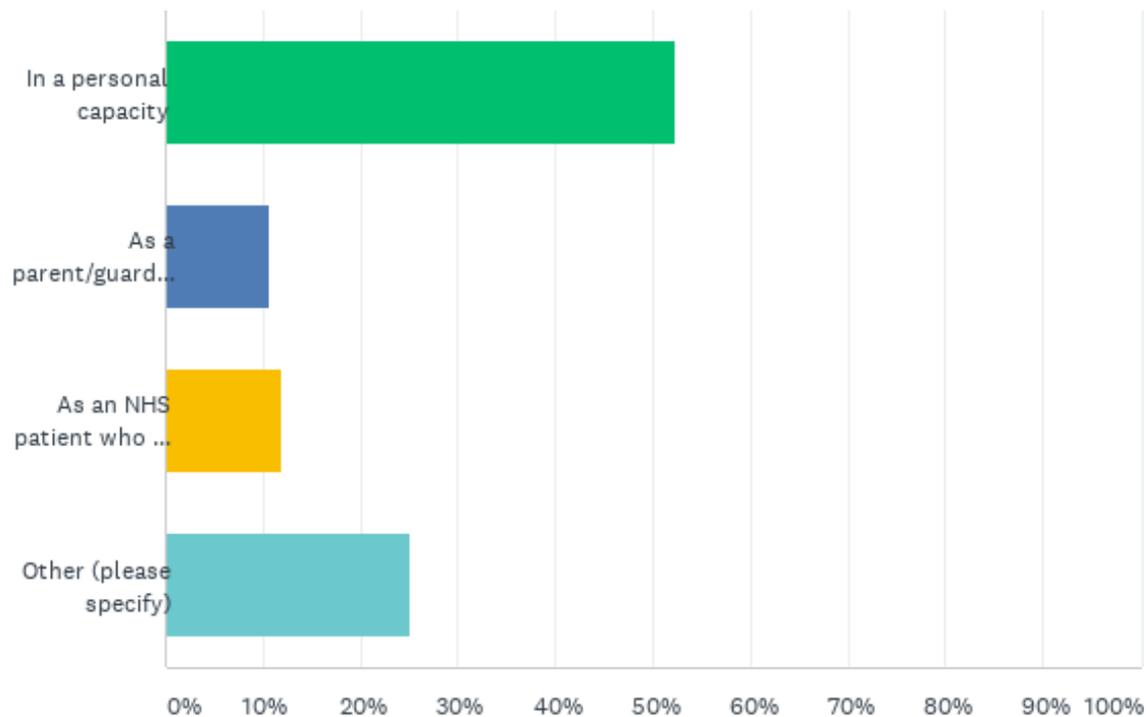
Date Created: Thursday, August 06, 2020

Complete Responses: 339

# Q1: About your response. I am providing a response:

Answered: 494 Skipped: 2

39



# Q1: About your response.I am providing a response:

Answered: 494 Skipped: 2

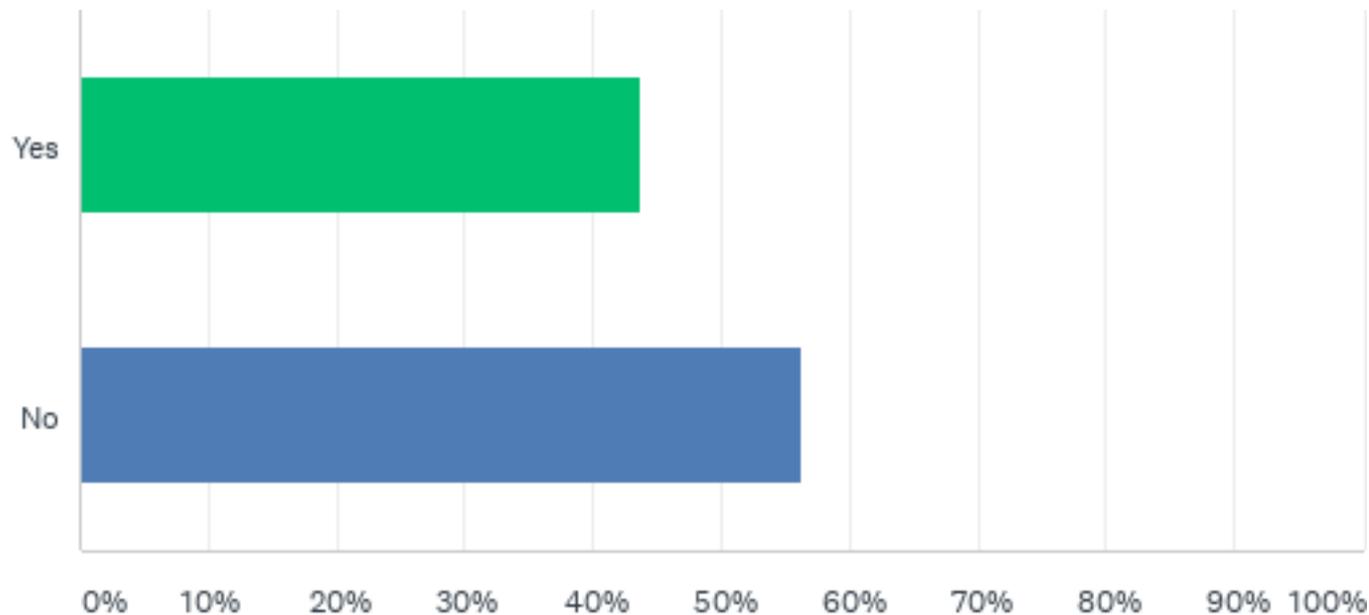
40

ANSWER CHOICES	RESPONSES	
In a personal capacity	52.23%	258
As a parent/guardian of a child (under 18)	10.73%	53
As an NHS patient who has been prescribed NHS hydrotherapy sessions by a clinician/physiotherapist	11.94%	59
Other (please specify)	25.10%	124
<b>TOTAL</b>		<b>494</b>

## Q2: Before the Covid pandemic did you use the NHS hydrotherapy service currently provided in Reading?

Answered: 496 Skipped: 0

41



## Q2: Before the Covid pandemic did you use the NHS hydrotherapy service currently provided in Reading?

Answered: 496 Skipped: 0

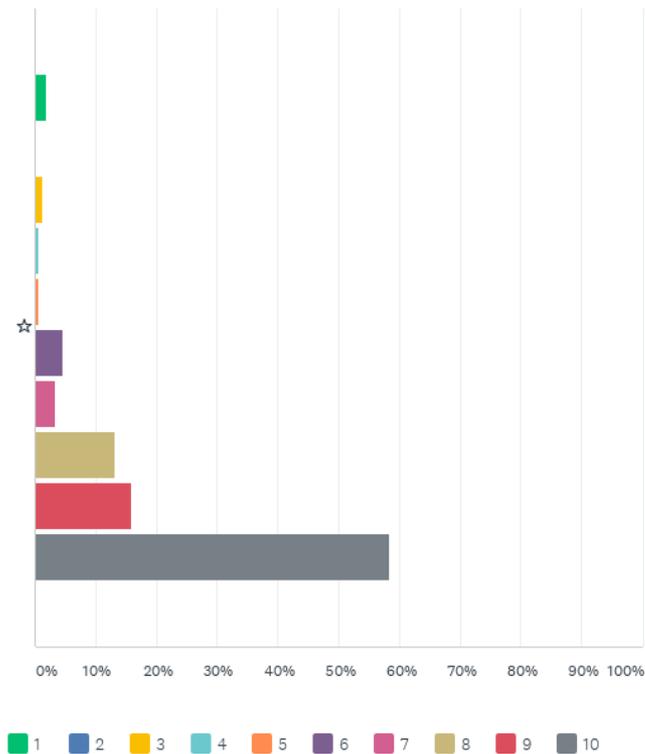
42

ANSWER CHOICES	RESPONSES	
Yes	43.75%	217
No	56.25%	279
TOTAL		496

# Q3: How would you rate the NHS hydrotherapy service?(1 poor - 10 very good)

Answered: 151 Skipped: 345

43



# Q3: How would you rate the NHS hydrotherapy service?(1 poor - 10 very good)

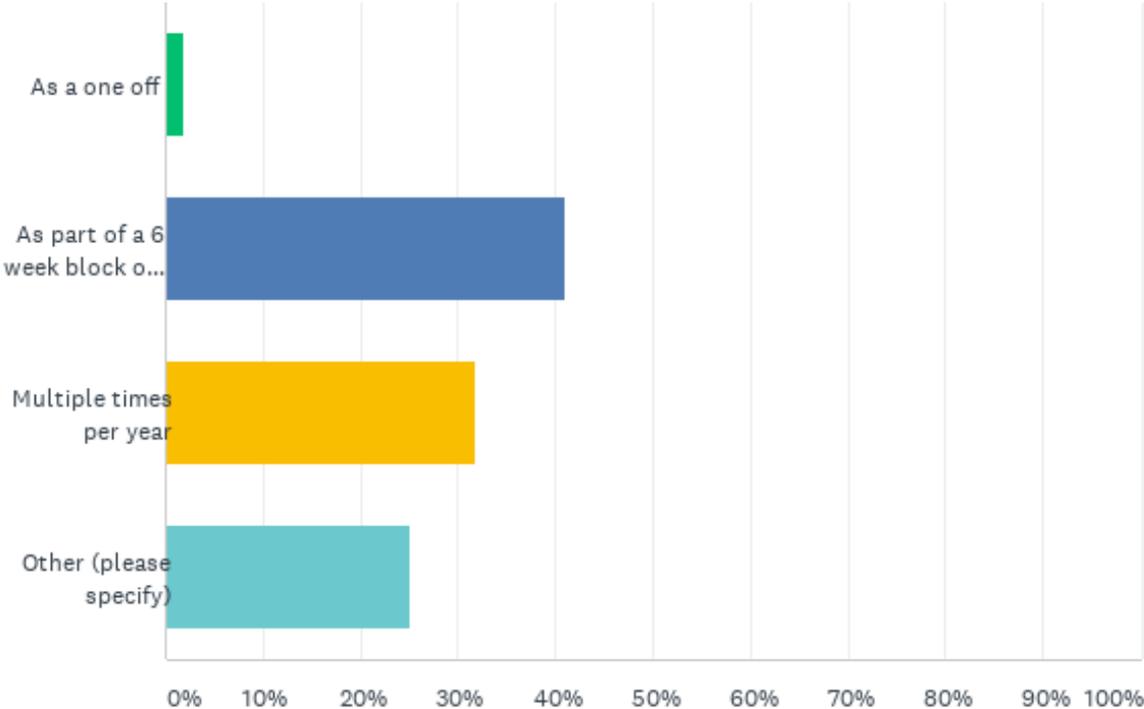
Answered: 151 Skipped: 345

44	1	2	3	4	5	6	7	8	9	10	TOTAL	WEIGHTED AVERAGE
☆	1.99%	0.00%	1.32%	0.66%	0.66%	4.64%	3.31%	13.25%	15.89%	58.28%	151	8.95
	3	0	2	1	1	7	5	20	24	88		

# Q4: How often did you use the service?

Answered: 151 Skipped: 345

45



## Q4: How often did you use the service?

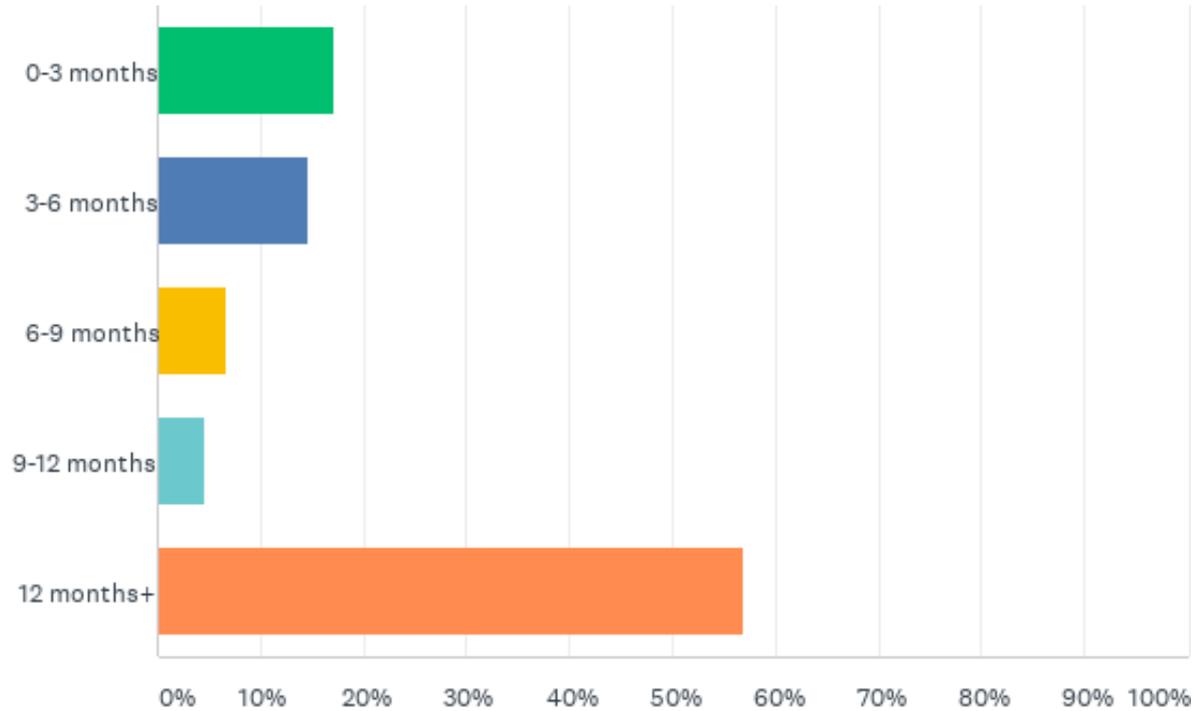
Answered: 151 Skipped: 345

46

ANSWER CHOICES	RESPONSES	
As a one off	1.99%	3
As part of a 6 week block of sessions	41.06%	62
Multiple times per year	31.79%	48
Other (please specify)	25.17%	38
TOTAL		151

## Q5: Over what period of time have you used the service?

Answered: 151 Skipped: 345



47

## Q5: Over what period of time have you used the service?

Answered: 151 Skipped: 345

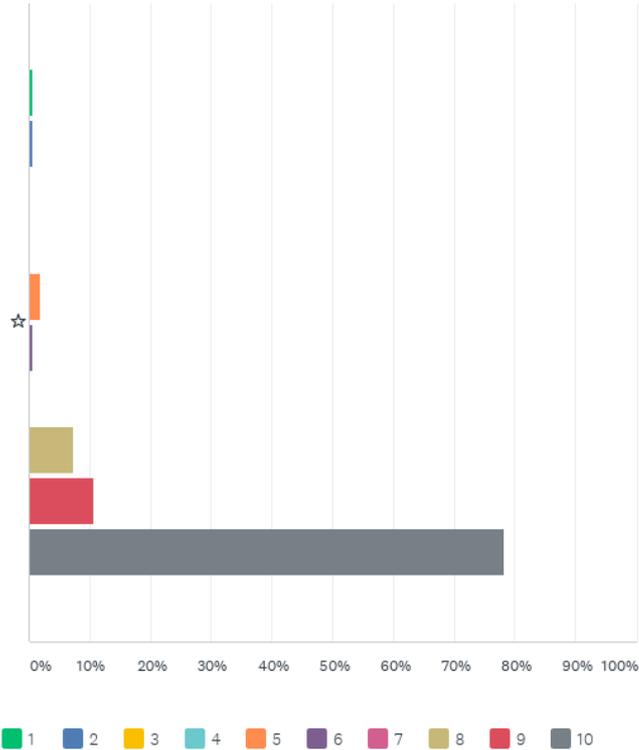
48

ANSWER CHOICES	RESPONSES	
0-3 months	17.22%	26
3-6 months	14.57%	22
6-9 months	6.62%	10
9-12 months	4.64%	7
12 months+	56.95%	86
TOTAL		151

# Q6: How beneficial did you find hydrotherapy?(1 not at all - 10 extremely beneficial)

Answered: 151 Skipped: 345

49



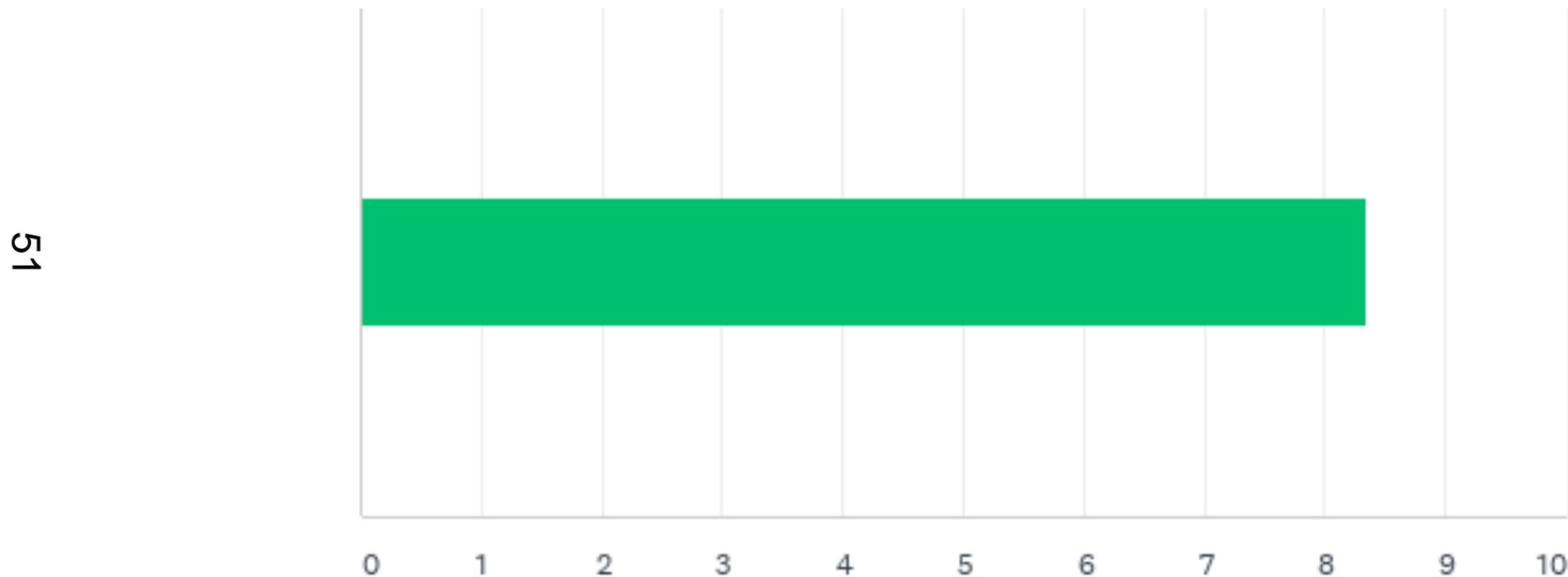
# Q6: How beneficial did you find hydrotherapy?(1 not at all - 10 extremely beneficial)

Answered: 151 Skipped: 345

50	1	2	3	4	5	6	7	8	9	10	TOTAL	WEIGHTED AVERAGE
☆	0.66%	0.66%	0.00%	0.00%	1.99%	0.66%	0.00%	7.28%	10.60%	78.15%		
	1	1	0	0	3	1	0	11	16	118	151	9.51

How easy to get to was the physical therapy facility for you? (Use the slider to select a whole number between 1 not at all - 10 very easy. Please do not type in a number for this question)

Answered: 151 Skipped: 345



How easy to get to was the physical therapy facility for you? (Use the slider to select a whole number between 1 not at all - 10 very easy. Please do not type in a number for this question)

Answered: 151 Skipped: 345

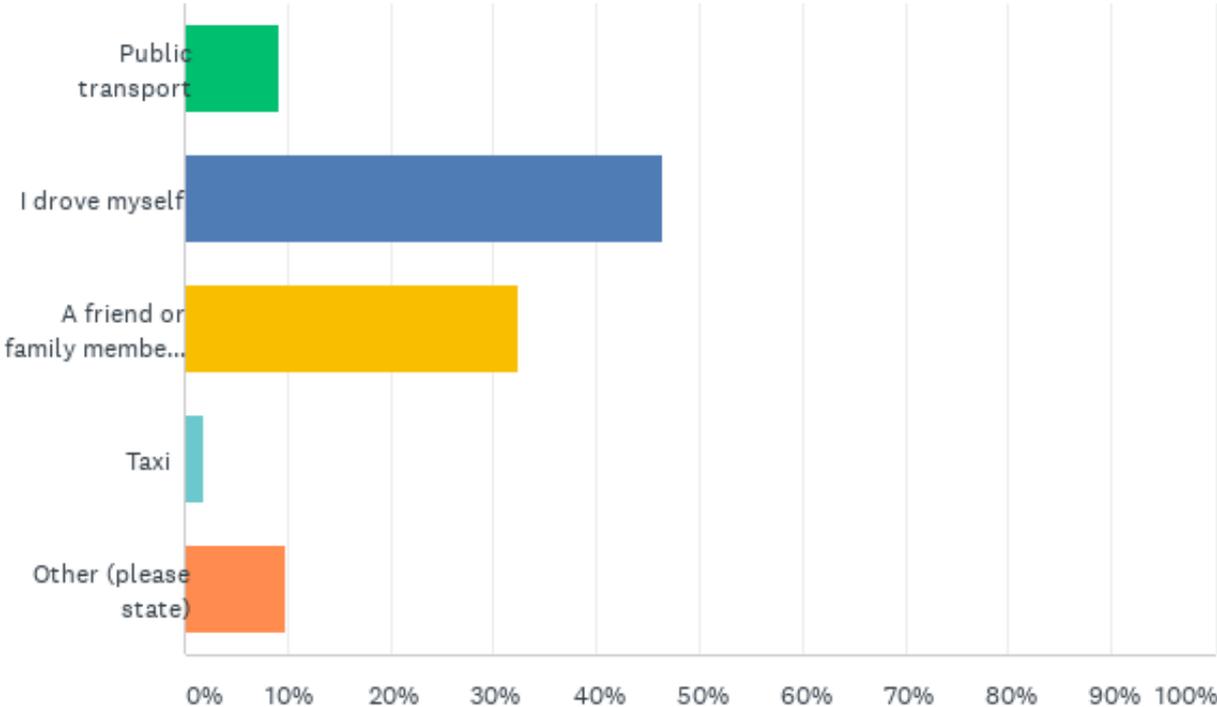
52

ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	8	1,260	151
Total Respondents: 151			

# Q8: How did you travel to your Hydrotherapy appointment?

Answered: 151 Skipped: 345

53



## Q8: How did you travel to your Hydrotherapy appointment?

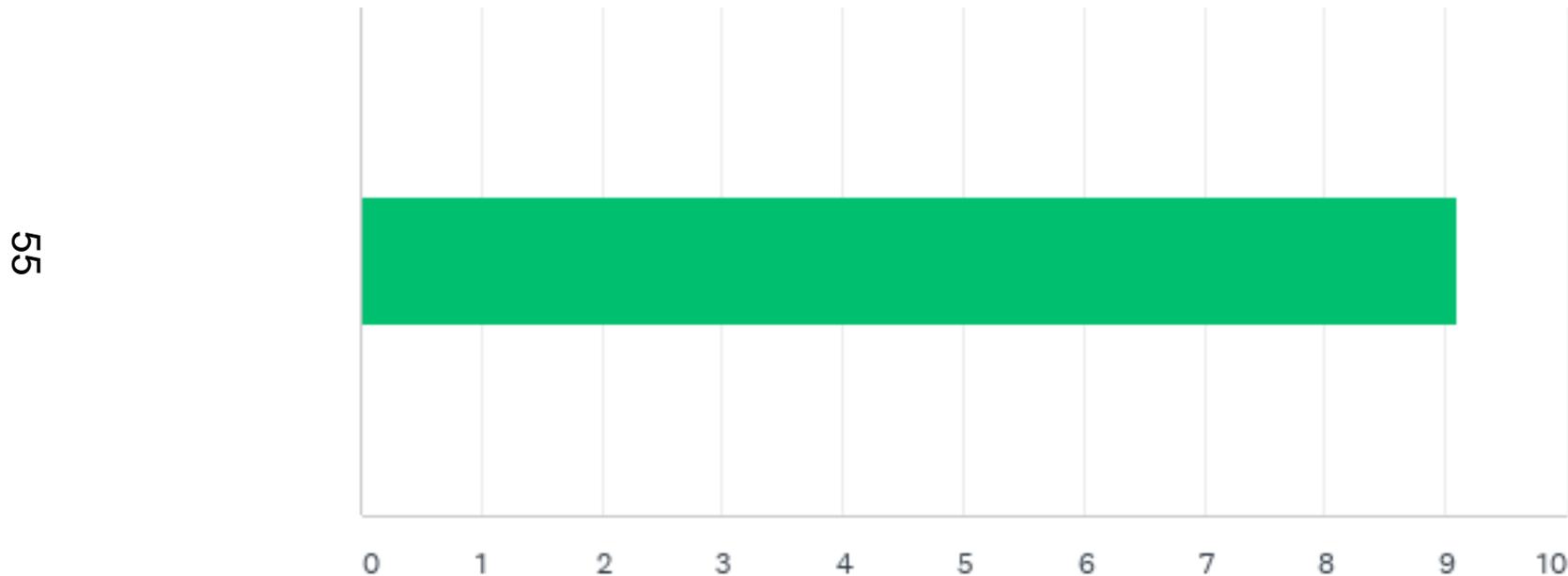
Answered: 151 Skipped: 345

54

ANSWER CHOICES	RESPONSES	
Public transport	9.27%	14
I drove myself	46.36%	70
A friend or family member drove	32.45%	49
Taxi	1.99%	3
Other (please state)	9.93%	15
<b>TOTAL</b>		<b>151</b>

slider to select a whole number between 1 and 10. Please do not type in a number for this question)

Answered: 364 Skipped: 132



slider to select a whole number between 1 and 10. Please do not type in a number for this question)

Answered: 364 Skipped: 132

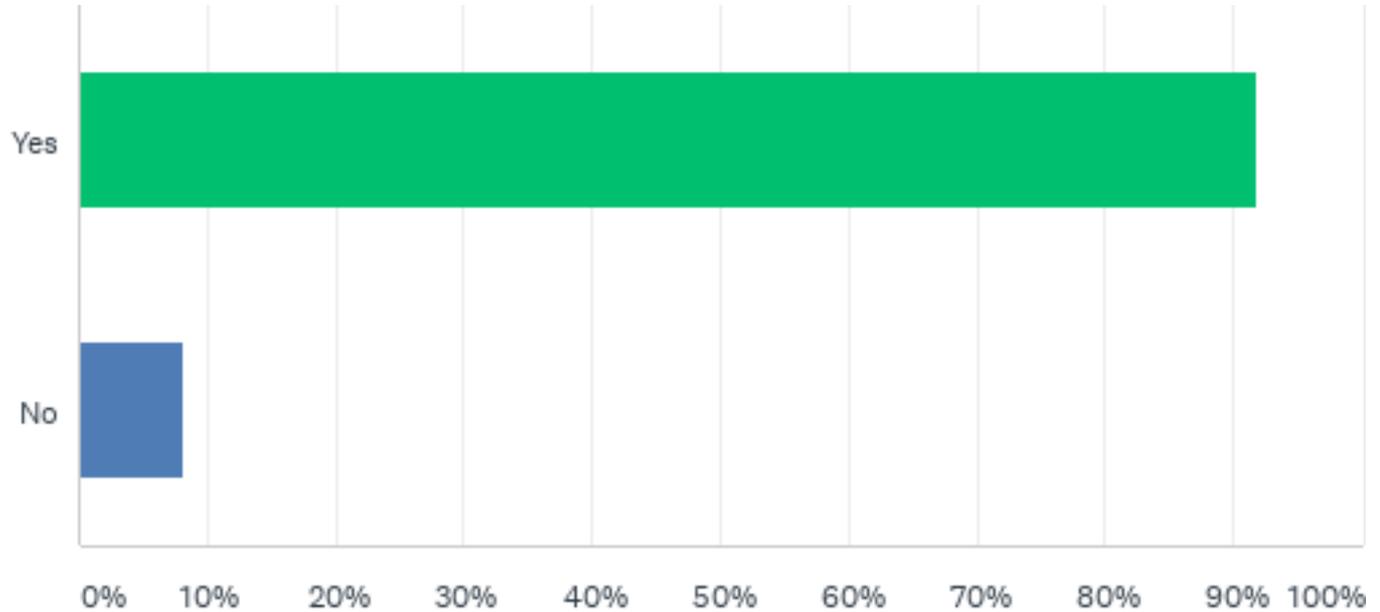
56

ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	9	3,313	364
Total Respondents: 364			

# and the clinical evidence, do you think Hydrotherapy services represent good value for money?

Answered: 364 Skipped: 132

57



# and the clinical evidence, do you think Hydrotherapy services represent good value for money?

Answered: 364 Skipped: 132

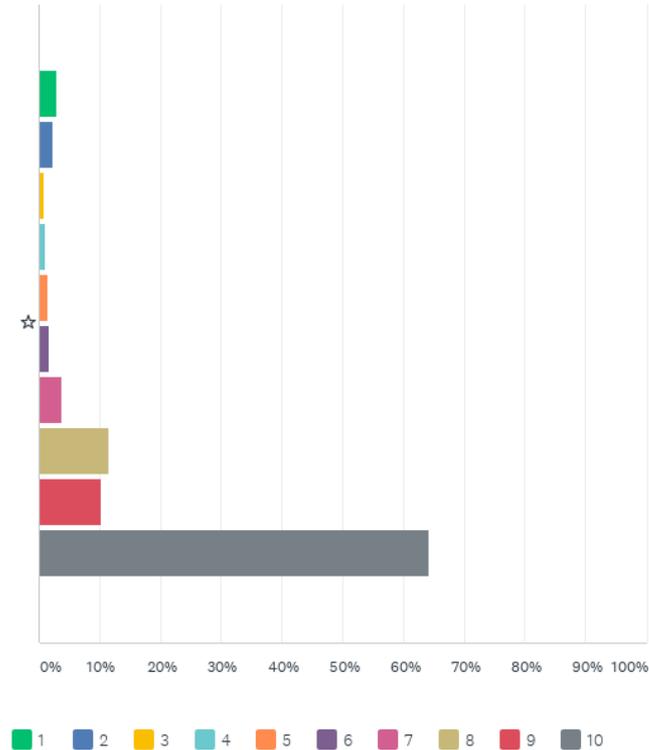
58

ANSWER CHOICES	RESPONSES	
Yes	91.76%	334
No	8.24%	30
TOTAL		364

# Q11: If Hydrotherapy services were to close what impact would this have on patients?(1 no impact - 10 substantial impact)

Answered: 364 Skipped: 132

59



# Q11: If Hydrotherapy services were to close what impact would this have on patients?(1 no impact - 10 substantial impact)

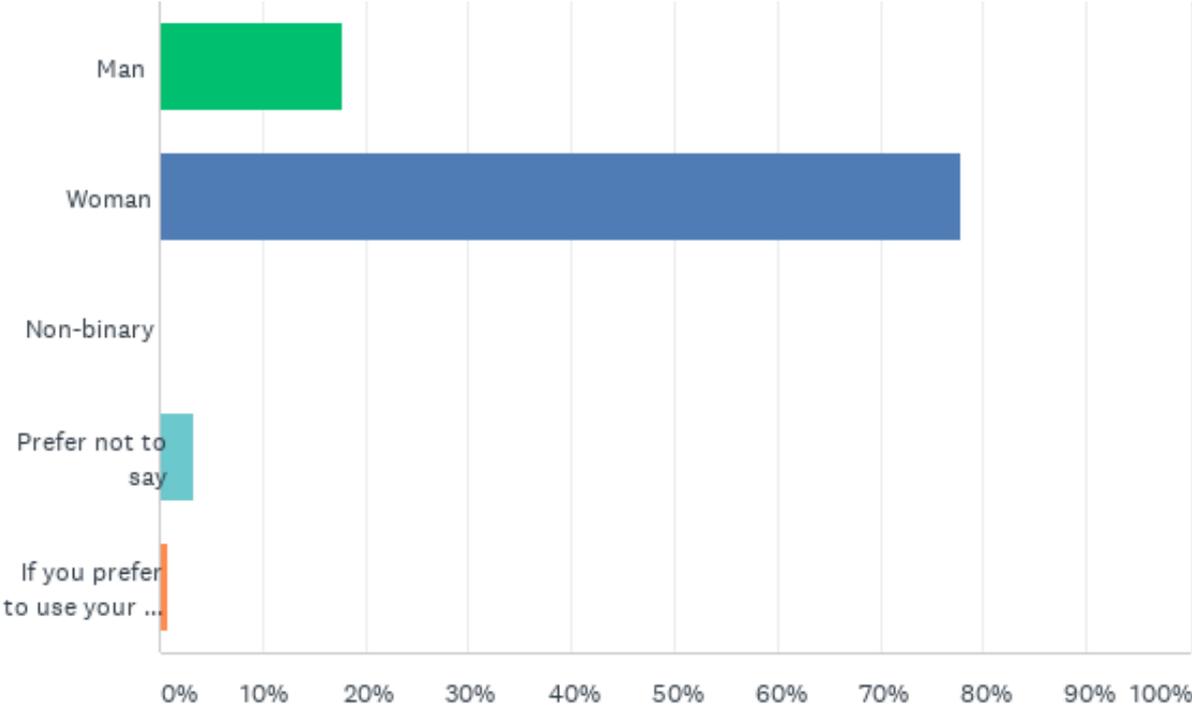
Answered: 364 Skipped: 132

09	1	2	3	4	5	6	7	8	9	10	TOTAL	WEIGHTED AVERAGE
☆	3.02%	2.20%	0.82%	1.10%	1.37%	1.65%	3.85%	11.54%	10.16%	64.29%	364	8.85
	11	8	3	4	5	6	14	42	37	234		

# Q13: Gender

Answered: 338 Skipped: 158

61



## Q13: Gender

Answered: 338 Skipped: 158

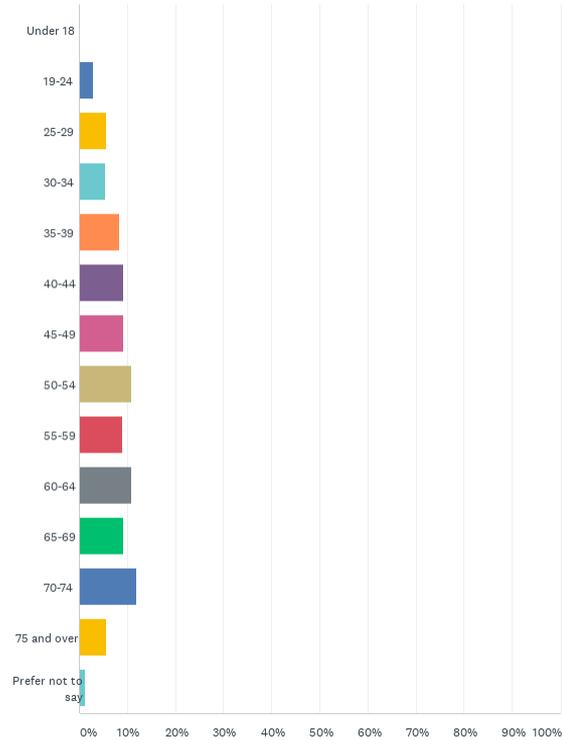
62

ANSWER CHOICES	RESPONSES	
Man	17.75%	60
Woman	77.81%	263
Non-binary	0.30%	1
Prefer not to say	3.25%	11
If you prefer to use your own term, please state here	0.89%	3
<b>TOTAL</b>		<b>338</b>

# Q14: Your age?

Answered: 333 Skipped: 163

63



# Q14: Your age?

Answered: 333 Skipped: 163

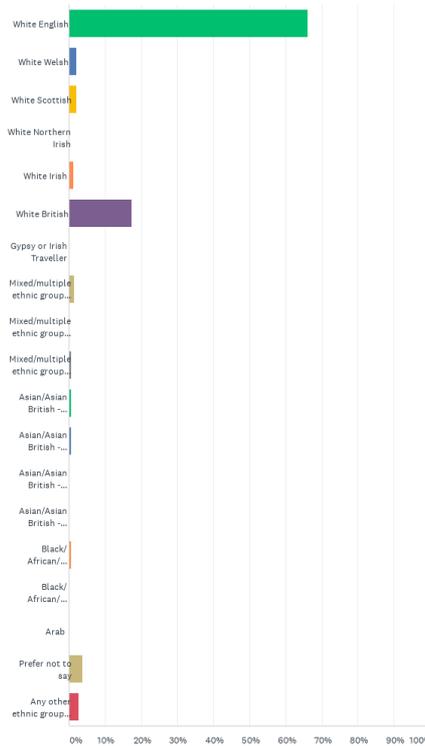
64

ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
19-24	3.00%	10
25-29	5.71%	19
30-34	5.41%	18
35-39	8.41%	28
40-44	9.31%	31
45-49	9.31%	31
50-54	10.81%	36
55-59	9.01%	30
60-64	10.81%	36
65-69	9.31%	31
70-74	12.01%	40
75 and over	5.71%	19
Prefer not to say	1.20%	4
<b>TOTAL</b>		<b>333</b>

place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

Answered: 322 Skipped: 174

65



place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

Answered: 322 Skipped: 174

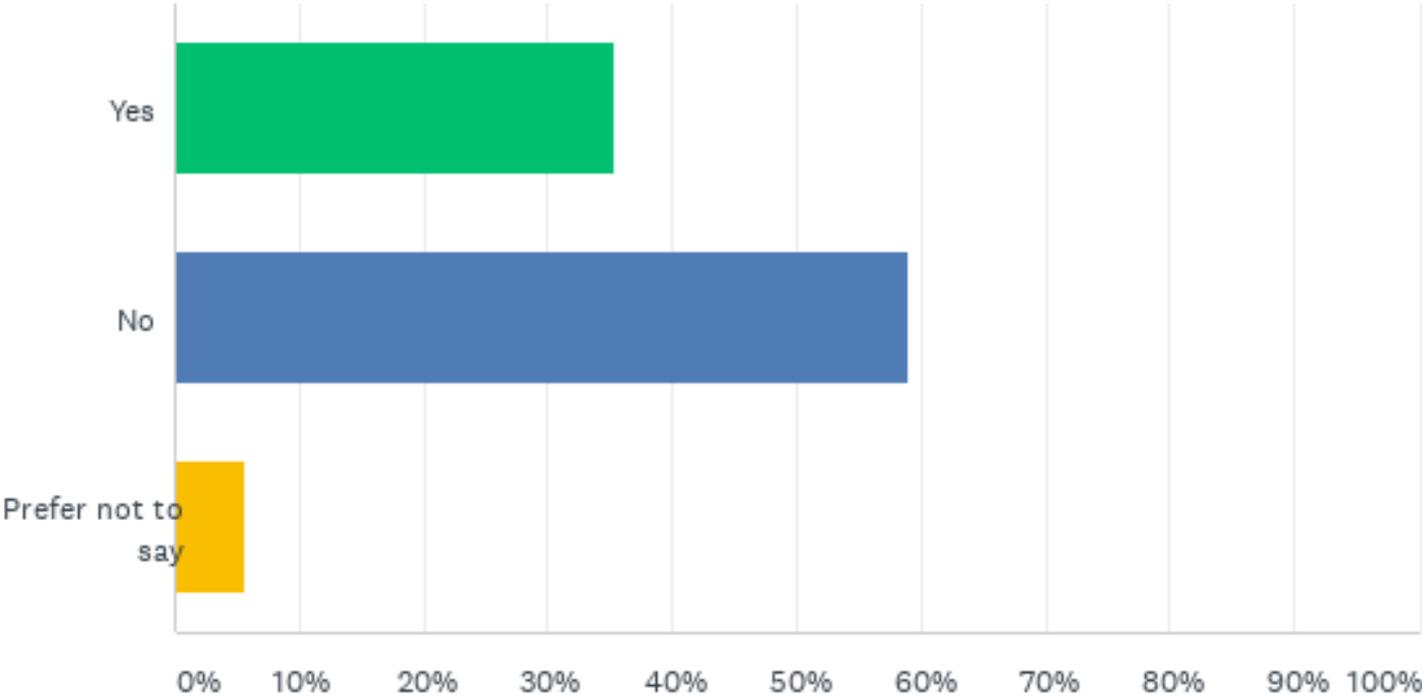
ANSWER CHOICES	RESPONSES	
White English	66.15%	213
White Welsh	2.17%	7
White Scottish	2.17%	7
White Northern Irish	0.00%	0
White Irish	1.24%	4
White British	17.39%	56
Gypsy or Irish Traveller	0.00%	0
Mixed/multiple ethnic groups - White and Black Caribbean	1.55%	5
Mixed/multiple ethnic groups - White and Black African	0.00%	0
Mixed/multiple ethnic groups - White and Asian	0.62%	2
Asian/Asian British - Indian	0.62%	2
Asian/Asian British - Pakistani	0.62%	2
Asian/Asian British - Bangladeshi	0.00%	0
Asian/Asian British - Chinese	0.00%	0
Black/ African/ Caribbean/ Black British - African	0.62%	2
Black/ African/ Caribbean/ Black British - Caribbean	0.00%	0
Arab	0.31%	1
Prefer not to say	3.73%	12
Any other ethnic group, please state here:	2.80%	9
<b>TOTAL</b>		<b>322</b>

66

# Q16: Do you consider yourself to have a disability?

Answered: 337 Skipped: 159

67



# Q16: Do you consider yourself to have a disability?

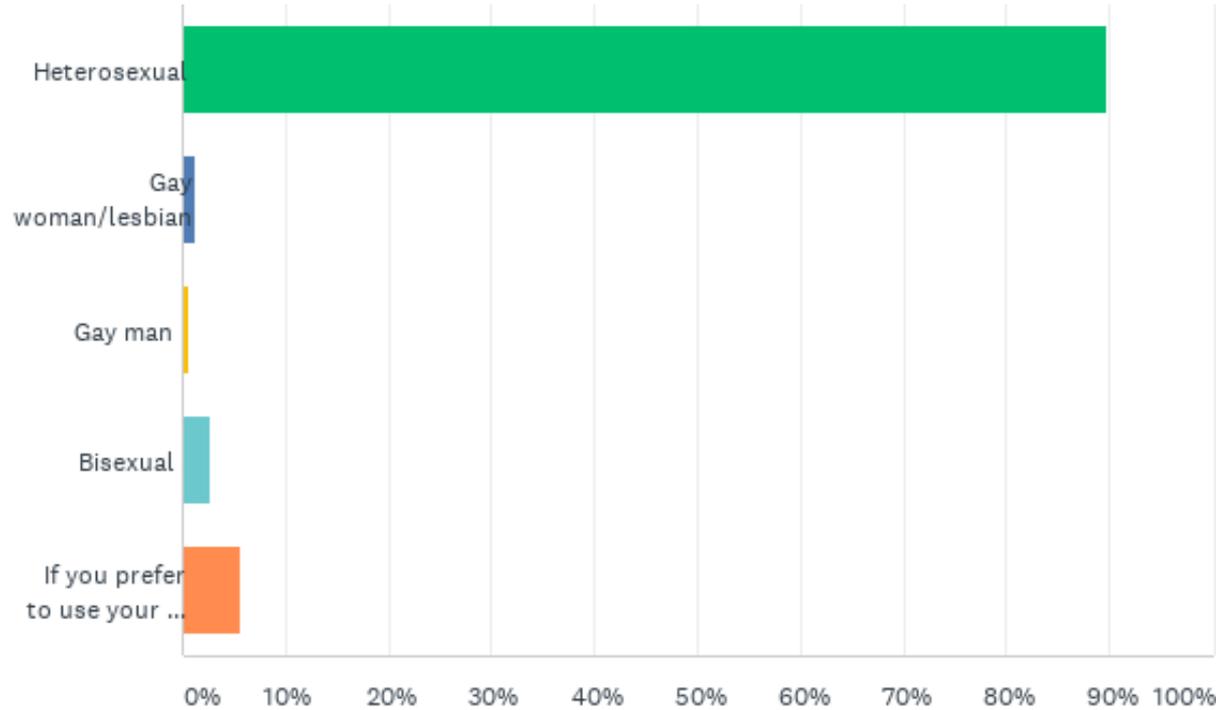
Answered: 337 Skipped: 159

89

ANSWER CHOICES	RESPONSES	
Yes	35.31%	119
No	59.05%	199
Prefer not to say	5.64%	19
TOTAL		337

# Q17: What is your sexual orientation?

Answered: 322 Skipped: 174



69

# Q17: What is your sexual orientation?

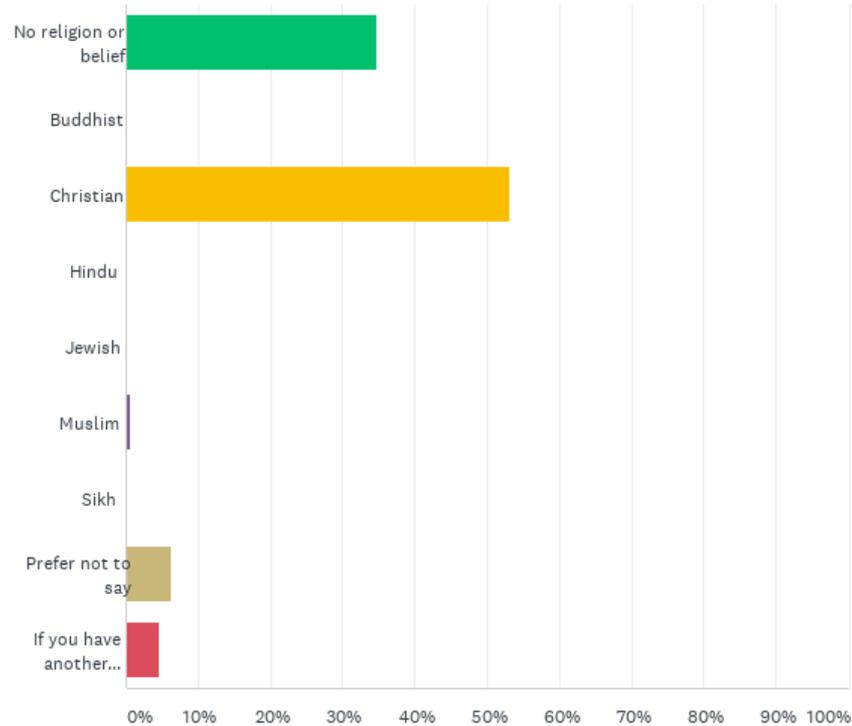
Answered: 322 Skipped: 174

70

ANSWER CHOICES	RESPONSES	
Heterosexual	89.75%	289
Gay woman/lesbian	1.24%	4
Gay man	0.62%	2
Bisexual	2.80%	9
If you prefer to use your own term, please state here.	5.59%	18
<b>TOTAL</b>		<b>322</b>

# Q18: What is your religion or belief?

Answered: 331 Skipped: 165



71

# Q18: What is your religion or belief?

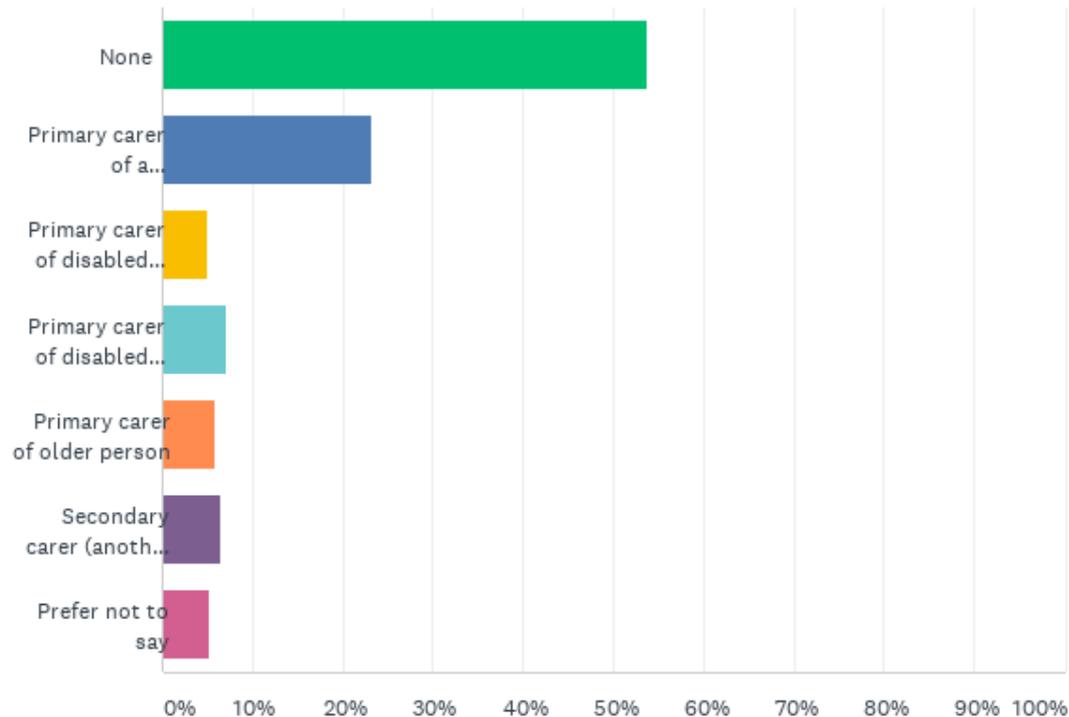
Answered: 331 Skipped: 165

72

ANSWER CHOICES	RESPONSES	
No religion or belief	34.74%	115
Buddhist	0.00%	0
Christian	53.17%	176
Hindu	0.30%	1
Jewish	0.30%	1
Muslim	0.60%	2
Sikh	0.00%	0
Prefer not to say	6.34%	21
If you have another religion or belief, please state here	4.53%	15
<b>TOTAL</b>		<b>331</b>

# Q19: Do you have caring responsibilities? If yes, please tick all that apply.

Answered: 324 Skipped: 172



73

# Q19: Do you have caring responsibilities? If yes, please tick all that apply.

Answered: 324 Skipped: 172

74

ANSWER CHOICES	RESPONSES	
None	53.70%	174
Primary carer of a child/children (under 18)	23.15%	75
Primary carer of disabled child/children	4.94%	16
Primary carer of disabled adult (18 and over)	7.10%	23
Primary carer of older person	5.86%	19
Secondary carer (another person carries out the main caring role)	6.48%	21
Prefer not to say	5.25%	17
Total Respondents: 324		

## Integrated Impact Assessment Tool - Stage 1 Pro Forma

<p><b>Title of Project:</b> Future commissioning arrangements – Berkshire West Hydrotherapy services</p>	<p><b>Project Lead:</b> Caroline Tack</p>
<p><b>Brief Description of project:</b>  Hydrotherapy is the use of water in the treatment of different conditions, including arthritis, muscular skeletal and neurological conditions. Hydrotherapy differs from swimming because it involves special exercises completed in a pool with a physiotherapist, with the water temperature at 33-36C, which is warmer than a typical swimming pool. Hydrotherapy is a specialist service which can be of clinical benefit (albeit limited – see report) to a small number of patients for a limited period as part of their rehabilitation.</p> <p>The Covid pandemic has led to changes to the way patients can access services and receive treatment, and some services have been stopped to keep patients safe. From March 2020 the Hydrotherapy service provided at the Royal Berkshire Hospital (RBH) has been closed in line with their Covid infection control policy. Due to ongoing challenges and potentially open-ended nature of this pandemic it has prompted the CCG to examine the future options for commissioning hydrotherapy.</p> <p>It was agreed in July 2020 by the Berkshire West CCG Governing Body that, given the context above, a 12 week full public consultation should be undertaken to determine the future of this service. The consultation commenced on the 10th August and concluded on the 2nd November 2020. In total 498 responses were received to the survey; 496 using the Survey Monkey link online and 2 received either by hard copy or e mail, as well as 9 additional full written responses from organisations/individuals representing patients. Of this number 217 (or 44%) had used the NHS Hydrotherapy services and 279 (56%) hadn't.</p> <p>It should be noted that on analysis of these numbers it has become evident that of the 496 online responses 34 IP addresses were used more than once to submit a survey, one of which was used 28 times (to a total of 166 responses). This could be due to multiple responses from one person or one person submitting responses on behalf of others</p> <p>Of this total number of responses, only a small number (59) identified as being an NHS patient who had been prescribed Hydrotherapy by a clinician. However, 11 have suggested in their response they haven't used the pool and a further 11 used the pool but with a voluntary organisation. Therefore, it cannot be assumed their answers wholly relate to the NHS service. The vast majority responded in a personal capacity as an interested member of the public (258) or other (124) which included a mix of health professionals and voluntary groups.</p> <p>The analysis report following these responses alongside clinical evidence and patient reported benefits have been considered in proposing the following 3 options;</p>	<p><b>Intended QI outcomes:</b>  The intended outcome of this work is to ascertain if any of the proposed options would directly discriminate against any patients with the protected characteristics or negatively impact on quality outcomes for patients. This will then be fed into the decision making process around the future provision of Hydrotherapy Services in Berkshire West.</p>

**Option 1 - Continue to commission Hydrotherapy services as part of the block contract arrangement with RBFT. EQIA completed for this option.**

**Option 2 – Continue to commission hydrotherapy services but on an alternative purchasing basis – an EQIA would need to be undertaken as part of the process to identify alternative providers.**

**Option 3a - Continue to commission hydrotherapy services but on an alternative purchasing basis with clear clinical criteria and a prior approval process prior to treatment to confirm compliance with criteria - an EQIA would need to be undertaken as part of the process to identify and confirm alternative provider(s) but has been completed for the second part of this option.**

**Option 3b – Commission Hydrotherapy services but on an alternative purchasing basis only when exceptionality can be demonstrated via an individual funding request - an EQIA would need to be undertaken as part of the process to identify and confirm alternative provider(s) but has been completed for the second part of this option.**

**Option 1 - Continue to commission Hydrotherapy services as part of the block contract arrangement with RBFT**

Area of Quality	Impact Question	Impact	Likelihood	Score	Stage 2 req?	Rationale for scoring
<b>Duty of Quality - Could the proposal impact negatively on:</b>	Compliance with the NHS Constitution?	1	1	1	No	No change to current service provision
	Partnerships?	1	1	1	No	No change to current service provision
	Safeguarding children or adults?	1	1	1	No	No change to current service provision
<b>NHS Outcomes Framework – Could the proposal impact negatively on:</b>	Preventing people from dying prematurely?	1	1	1	No	No change to current service provision, however, the service remains closed due to Covid Infection control policy.
	Enhancing quality of life?	2	3	6	No	No change to current service provision, however, the service remains closed due to Covid Infection control policy.
	Helping people recover from episodes of ill health or following injury?	2	3	6	No	No change to current service provision, however, the service remains closed due to Covid Infection control policy. Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continue to be offered as it is currently.
	Ensuring people have a positive experience of care?	2	3	6	No	No change to current service provision, however, the service remains closed due to Covid Infection control policy
	Treating & caring for people in a safe environment & protecting them from avoidable harm?	2	3	6	No	No change to current service provision, however, the service remains closed due to Covid Infection control policy. Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently.
<b>Access</b>	Could the proposal impact negatively on patient choice?	2	3	6	No	No change to current service provision, however, the service remains closed due to Covid Infection control policy. Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently.
	Could the proposal impact negatively on access?	2	3	6	No	No change to current service provision, however, the service remains closed due to Covid Infection control policy. Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support

						land based physiotherapy, which will not be affected and will continued to be offered as it is currently.
	Could the proposal impact negatively on integration?	1	1	1	No	
<b>Duty of Equality</b>  <b>Could the proposal impact negatively on:</b>  <b>78</b>	Age?	1	1	1	No	The service is utilised by a range of age groups with no one group represented more than others.
	Disability?	2	2	4	No	This information was not available from RBFT however it could be assumed from the specialties that use the service e.g. MSK and Neurology that a percentage would have a form of disability. Nevertheless alternative land based physio would be provided as an alternative.
	Race?	1	1	1	No	The majority of patients identified as White British. As stated above, all patients would be offered alternative land based physio services.
	Religion or belief?	2	2	4	No	This information was not available from RBFT.
	Sex?	1	1	1	No	The majority of patients identified as Female. This may be due to the use of the pool as an aquanatal service. All patients would be offered alternative land based physio services.
	Sexual orientation?	1	1	1	No	This information was not available from RBFT.
	Gender re-assignment?	1	1	1	No	This information was not available from RBFT.
	Pregnancy or maternity?	2	2	4	No	The majority of patients identified as Female. This may be due to the use of the pool as an aquanatal service. All patients would be offered alternative land based physio services.
	Marriage & civil partnership?	1	1	1	No	The majority of patients identified as single. All patients would be offered alternative land based physio services.

**Option 3a - Continue to commission hydrotherapy services but on an alternative purchasing basis with clear clinical criteria and a prior approval process prior to treatment to confirm compliance with criteria**

Area of Quality	Impact Question	Impact	Likelihood	Score	Stage 2 req?	Rationale for scoring
<b>Duty of Quality - Could the proposal impact negatively on:</b>	Compliance with the NHS Constitution?	2	3	1	6	Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently. Clinical evidence supporting the benefits of hydrotherapy is limited and would be provided where clinical criteria was met. Hydrotherapy provided subject to approval from the CCG.
	Partnerships?	1	1	1	No	
	Safeguarding children or adults?	1	1	1	No	
<b>NHS Outcomes Framework – 79 Could the proposal impact negatively on:</b>	Preventing people from dying prematurely?	1	1	1	No	Hydrotherapy is not proven to prevent premature death
	Enhancing quality of life?	2	2	4	No	People’s quality of life may be negatively impacted, if land based physio is the only treatment offered/available and they are unable to participate in this. This will impact on their health and wellbeing outcomes. Mitigated through access to hydrotherapy via prior approval process and adoption of clinical criteria.
	Helping people recover from episodes of ill health or following injury?	2	2	4	No	People’s recovery from ill health or injury may be negatively impacted, if only land based physio is the treatment available/offered and they are unable to engage with this treatment; this will impact on their recovery and health and well-being outcomes. Mitigated through access to hydrotherapy via prior approval process and adoption of clinical criteria.
	Ensuring people have a positive experience of care?	2	2	4	No	People’s experience of their care may be negatively impacted, if only land based physio is offered/available and they are unable to engage with this treatment; this will impact on health and wellbeing outcomes. Mitigated through access to hydrotherapy via prior approval process and adoption of clinical criteria.
	Treating & caring for people in a safe environment & protecting them from avoidable harm?	2	2	4	No	Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently. Mitigated through access to Hydrotherapy via prior approval process and adoption of clinical criteria.

<b>Access</b>	Could the proposal impact negatively on patient choice?	2	3	6	No	Access to hydrotherapy via prior approval process and adoption of clinical criteria.
	Could the proposal impact negatively on access?	2	3	6	No	Access to hydrotherapy via prior approval process and adoption of clinical criteria.
	Could the proposal impact negatively on integration?	1	1	1	No	
<b>Duty of Equality</b>  <b>Could the proposal impact negatively on:</b>  <b>08</b>	Age?	1	1	1	No	The service is utilised by a range of age groups with no one group represented more than others.
	Disability?	2	2	4	No	This information was not available from RBFT however it could be assumed from the specialties that use the service e.g. MSK and Neurology that a percentage would have a form of disability. Nevertheless access to hydrotherapy would be available via prior approval process and adoption of clinical criteria alternative land based physio would be provided as an alternative.
	Race?	1	1	1	No	The majority of patients identified as White British. As stated above, all patients would be offered alternative land based physio services or access to hydrotherapy would be available via prior approval process and adoption of clinical criteria.
	Religion or belief?	1	1	1	No	This information was not available from RBFT but as with the equality domains all patients would be offered alternative land based physio services or access to hydrotherapy would be available via prior approval process and adoption of clinical criteria.
	Sex?	2	2	4	No	The majority of patients identified as Female. This may be due to the use of the pool as an aquanatal service. All patients would be offered alternative land based physio services or access to hydrotherapy would be available via prior approval process and adoption of clinical criteria.
	Sexual orientation?	1	1	1	No	This information was not available from RBFT but as with the equality domains all patients would be offered alternative land based physio services or access to hydrotherapy would be available via prior approval process and adoption of clinical criteria..
	Gender re-assignment?	1	1	1	No	This information was not available from RBFT but as with the equality domains all patients would be offered alternative land based physio services or access to hydrotherapy would be available via prior approval process and adoption of clinical criteria.
	Pregnancy or maternity?	2	2	4	No	The majority of patients identified as Female. This may be due to the use of the pool as an aquanatal service. All patients would be offered alternative land based physio services or access to hydrotherapy would be available via prior approval process and adoption of clinical criteria.

	Marriage & civil partnership?	1	1	1	No	The majority of patients identified as single. All patients regardless of marital status would be offered alternative land based physio services or access to hydrotherapy would be available via prior approval process and adoption of clinical criteria.
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**Option 3b - Commission Hydrotherapy services but on an alternative purchasing basis only when exceptionalism can be demonstrated via an individual funding request**

Area of Quality	Impact Question	Impact	Likelihood	Score	Stage 2 req?	Rationale for scoring
<b>Duty of Quality - Could the proposal impact negatively on:</b>	Compliance with the NHS Constitution?	2	3	6	No	Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently. Clinical evidence supporting the benefits of hydrotherapy is limited and would be provided in cases of exceptionalism where clinical benefit can be demonstrated by a referring clinician.
	Partnerships?	1	1	1	No	
	Safeguarding children or adults?	1	1	1	No	
<b>NHS Outcomes Framework – Could the proposal impact negatively on:</b>	Preventing people from dying prematurely?	1	1	1	No	Hydrotherapy is not proven to prevent premature death
	Enhancing quality of life?	3	2	6	No	People's quality of life may be negatively impacted, if land based physio is the only treatment offered/available and they are unable to participate in this. This will impact on their health and wellbeing outcomes. However, hydrotherapy would be provided in cases of exceptionalism where clinical benefit can be demonstrated by a referring clinician.
	Helping people recover from episodes of ill health or following injury?	3	2	6	No	People's recovery from ill health or injury may be negatively impacted, if only land based physio is the treatment available/offered and they are unable to engage with this treatment; this will impact on their recovery and health and well-being outcomes. However, hydrotherapy would be provided in cases of exceptionalism where clinical benefit can be demonstrated by a referring clinician.
	Ensuring people have a positive experience of care?	3	2	6	No	People's experience of their care may be negatively impacted, if only land based physio is offered/available and they are unable to engage with this treatment; this will impact on health and wellbeing outcomes. However, hydrotherapy would be provided in cases of exceptionalism where clinical benefit can be demonstrated by a referring clinician.
	Treating & caring for people in a safe environment & protecting them from avoidable harm?	2	3	6	No	Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected

						and will continued to be offered as it is currently. However, hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
<b>Access</b>	Could the proposal impact negatively on patient choice?	2	4	8	Yes	Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently. However, hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Could the proposal impact negatively on access?	2	4	8	Yes	Clinical evidence supporting the benefits of hydrotherapy is limited. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently. However, hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Could the proposal impact negatively on integration?	1	1	1	No	
<b>Duty of Equality</b>  <b>Could the proposal impact negatively on:</b>	Age?	1	1	1	No	The service is utilised by a range of age groups with no one group represented more than others.
	Disability?	4	2	8	Yes	This information was not available from RBFT however it could be assumed from the specialties that use the service e.g. MSK and Neurology that a percentage would have a form of disability. Hydrotherapy is offered as an adjunct modality to support land based physiotherapy, which will not be affected and will continued to be offered as it is currently. However, hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Race?	1	1	1	No	The majority of patients identified as White British. As stated above, all patients would be offered alternative land based physiotherapy services or hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Religion or belief?	1	1	1	No	This information was not available from RBFT. As stated above, all patients would be offered alternative land based physiotherapy services or hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Sex?	1	1	1	No	The majority of patients identified as Female. This may be due to the use of the pool as an aquanatal service. All

						patients would be offered alternative land based physio services or hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Sexual orientation?	1	1	1	No	This information was not available from RBFT. As stated above, all patients would be offered alternative land based physiotherapy services or hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Gender re-assignment?	1	1	1	No	This information was not available from RBFT. As stated above, all patients would be offered alternative land based physiotherapy services or hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Pregnancy or maternity?	3	2	6	No	The majority of patients identified as Female. This may be due to the use of the pool as an aquanatal service. As stated above, all patients would be offered alternative land based physiotherapy services or hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.
	Marriage & civil partnership?	1	1	1	No	The majority of patients identified as single. As stated above, all patients would be offered alternative land based physiotherapy services or hydrotherapy would be provided in cases of exceptionality where clinical benefit can be demonstrated by a referring clinician.

Name of person completing assessment: Caroline Tack

Date of assessment: 16<sup>th</sup> November 2020

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*To be completed when the initial impact assessment indicates a high or extreme risk and a more detailed assessment is required*

**Please contact the Quality Team if you require further support in completing this pro forma**

On identification of a high or extreme risk PID, business case, commissioning decision or business plan this pro forma must be submitted along with the proposed change to inform the decision making process and ensure informed choice. A copy of the complete impact assessment must be submitted to the next available Quality Committee to ensure scrutiny from a quality perspective.

**Background and context of the proposal**

**Brief Description of project:**

Hydrotherapy is the use of water in the treatment of different conditions, including arthritis, muscular skeletal and neurological conditions. Hydrotherapy differs from swimming because it involves special exercises completed in a pool with a physiotherapist, with the water temperature at 33-36C, which is warmer than a typical swimming pool. Hydrotherapy is a specialist service which can be of clinical benefit (albeit limited – see report) to a small number of patients for a limited period as part of their rehabilitation.

The Covid pandemic has led to changes to the way patients can access services and receive treatment, and some services have been stopped to keep patients safe. From March 2020 the Hydrotherapy service provided at the Royal Berkshire Hospital (RBH) has been closed in line with their Covid infection control policy. Due to ongoing challenges and potentially open-ended nature of this pandemic it has prompted the CCG to examine the future options for commissioning hydrotherapy.

It was agreed in July 2020 by the Berkshire West CCG Governing Body that, given the context above, a 12 week full public consultation should be undertaken to determine the future of this service. The consultation commenced on the 10th August and concluded on the 2nd November 2020. In total 498 responses were received to the survey; 496 using the Survey Monkey link online and 2 received either by hard copy or e mail, as well as 9 additional full written responses from organisations/individuals representing patients. Of this number 217 (or 44%) had used the NHS Hydrotherapy services and 279 (56%) hadn't.

Of this total number of responses, only a small number (59) identified as being an NHS patient who had been prescribed Hydrotherapy by a clinician. However, 11 have suggested in their response they haven't used the pool and a further 11 used the pool but with a voluntary organisation. Therefore, it cannot be assumed their answers wholly relate to the NHS service. The vast majority responded in a personal capacity as an interested member of the public (258) or other (124) which included a mix of health professionals and voluntary groups.

The analysis report following these responses alongside clinical evidence and patient reported benefits have been considered in proposing the following 3 options for consideration:

**Option 1 - Continue to commission Hydrotherapy services as part of the block contract arrangement with RBFT. EQIA completed for this option.**

**Option 2 – Continue to commission hydrotherapy services but on an alternative purchasing basis – an EQIA would need to be undertaken as part of the process to identify alternative providers.**

**Option 3a - Continue to commission hydrotherapy services but on an alternative purchasing basis with clear clinical criteria and a prior approval process prior to treatment to confirm compliance with criteria - an EQIA would need to be undertaken as part of the process to identify and confirm alternative provider(s) but has been completed for the second part of this option.**

**Option 3b – Commission Hydrotherapy services but on an alternative purchasing basis only when exceptionality can be demonstrated via an individual funding request - an EQIA would need to be undertaken as part of the process to identify and confirm alternative provider(s) but has been**

**completed for the second part of this option.**

For options 3 a number of assessment fields in the stage 1 EQIA indicate an impact rating of 8 or above for both Quality and Equality. This has triggered the requirement for a stage 2 impact assessment.

Against each of the protected characteristics outlined in the Equalities Act 2010 data has been reviewed to determine impact on each equality group (protected characteristic). The intended outcome of this work is to ascertain if any of the proposed options would directly discriminate against any patients with the protected characteristics.

In conducting the EQIA the CCG took full account of data provided by RBFT on the demographics of patients who had accessed the Hydrotherapy service in the financial year 2019/20. Based on the evidence it considered it is concluded that differential and adverse impact could not be construed in relation to any equalities groups. This report includes suggestions regarding mitigating actions for consideration which include the provision of land based therapy and access to Hydrotherapy on an exceptions basis (Red IFR).

RBFT routinely collect information relating to the variety of equalities domains for those that use their services (to note that data collected excludes sexual orientation, gender re-assignment, pregnancy and maternity). Information regarding patients who utilised the service in 2019-20 indicates that the majority of patients defined themselves as White, Female and Single however the range for age was equal spread from aged 1 to 100. No information was available regarding disability however it can be assumed from the hospital specialities that use the service in the main, for example MSK and Neurology that a number of the patients would have a registered disability. In addition, whilst no direct information was collected on pregnancy/maternity, one of the groups accessing the service was aqua natal which indicates usage by pregnant women.

A Quality Impact Assessment has also been completed. The assessment indicated that, due to safety concerns (COVID) and occasional unexpected closure, the current closure was deemed appropriate in the avoidance of harm and poor patient experience.

In terms of access to a service to support the management of a particular condition or as part of rehabilitation programme land-based physiotherapy would continue to be offered to all patients as an alternative. In addition, continued access to hydrotherapy would be available, albeit on an exceptionality basis, via an IFR. This ensures that patients have continued access to the correct service to meet their clinical need.

### **Implications and risks – Option 3**

Patients would still have access to land based therapies provided by RBH Physiotherapy Team and hydrotherapy on an exceptions basis. Red polices relate to procedures not routinely funded by the Commissioner (CCG). These are procedures that will not be funded by the commissioning CCG due to a lack of evidence for clinical benefit, limited resource or the responsibility of specialised commissioning. Other management options should be considered. In exceptional circumstances, IFR may be made to the CCG for consideration.

There is the risk that those patients that are unable to engage in land based physiotherapy will not have an alternative treatment available to them, thus impacting on their physical and mental health and wellbeing. However, implementation of a red IFR policy would allow access to Hydrotherapy on an exceptions basis if there was sufficient individual clinical evidence to support.

#### **What are the benefits?**

- Hydrotherapy would still be available in exceptional circumstances as per the stated IFR policy and criteria.
- IFR will judge that the intervention is of sufficient value in terms of benefit and outcome when the patient meets the set criteria
- Patients would still have access to land based therapies provided by RBH Physiotherapy Team.
- Potentially releases funds to further support other evidence based treatments for the Berkshire West population or invest further in land based Physiotherapy.

<b>What are the risks if the proposal is not approved?</b>
Patients are currently unable to access hydrotherapy due to the ongoing pool closure at RBH. However, patients are able to access land based physiotherapy as an alternative. If a decision is not taken on the future commissioning arrangements then alternative arrangements for the provision of this service would need to be explored.
<b>What plans are in place to ensure identified risks are mitigated?</b>
Land base physiotherapy will continue to be available to patients and an IFR can be submitted in exceptional circumstances.
<b>After mitigation, what are the remaining residual risks?</b>
<p>There are very strong patient reported benefits from hydrotherapy despite the lack of clinical evidence. There is a risk that the changes to hydrotherapy services funded by the NHS could impact significantly on mental and emotional wellbeing of patients and indeed their willingness to engage with land based support. There is a risk that this affects a patient's recovery process and/or ability to manage their condition effectively.</p> <p>Nevertheless, patients do have access to the IFR process and will also be signposted to other organisations who provide this service, albeit chargeable.</p>
<b>Recommendations for the Quality Committee to consider</b>
<p>The report recommends that Option 3b is considered as the preferred option on the following grounds</p> <ul style="list-style-type: none"> <li>- The need to prioritise treatments which provide the greatest benefits to patients.</li> <li>- The lack of robust clinical evidence to support water based therapy above land based</li> <li>- Cost of service provision is very high in comparison to land based physiotherapy</li> <li>- Equivalent patient outcomes can be achieved with land based physiotherapy.</li> <li>- Hydrotherapy will be available in exceptional circumstances via an IFR.</li> </ul>

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**Agenda Item**
**Meeting:** Berkshire West ICP Primary Care Programme Board

<b>Date of Meeting</b>	9 <sup>th</sup> December 2020
<b>Title of Paper</b>	Healthwatch Wokingham Borough Report: <i>GP Web Sites How easy is it to find information?</i>
<b>Lead Director</b>	Katie Summers, NHS Berkshire West CCG Director of Operations/ Chief Information Officer
<b>Author(s)</b>	Andrew Price, Locality Manager Kamal Bahia, Digital Transformation and Digital First
<b>Paper Type</b>	For discussion
<b>Action Required</b>	Agreement of an Action Plan

**Executive Summary**

Healthwatch Wokingham Borough has reviewed the web sites of the 13 general practices in Wokingham. The report makes six main recommendations covering web site review, guidance on visiting practices, the sharing of good practice, signposting Patient Survey results, information about feedback, and information about patient registration.

The CCG and practices across Berkshire West have made significant progress in migrating to a new web platform, bringing a common format to practice websites for the first time. This has taken considerable effort, and only now are we able to put sufficient focus on “benefits realisation,” taking advantage common functionality, and the opportunity to deliver system-wide communication to patients. This will take the form of a partnership approach between the CCG, practices and the web site platform. It will form an integrated part of the development of PCN/practice communication strategy, alongside other media and channels.

As such, the publication of the Healthwatch Wokingham Borough report *GP Web Sites How easy is it to find information?* Is both timely and relevant. The CCG will incorporate the report’s recommendations into its wider benefits realisation work stream. An Action Plan is set out as an appendix.

This report will also be shared with the GP IT Committee on 10<sup>th</sup> December 2020.

## Detailed Report

Healthwatch Wokingham Borough's report has been issued as an agenda paper.

Appendix

**ACTION PLAN**

	<b>Recommendation</b>	<b>CCG Response</b>	<b>Action</b>	<b>Timescale</b>	<b>Lead</b>
1	Websites to be regularly reviewed by members of Patient Participation Groups	Support	To include this within the proposed approach for future web site development and review	Quarter 1 2021/22	Kamal Bahia
2	Information about the environment in the surgery and safety measures should be easily available	Support	To work in partnership with practices and Silicon Practice on the best way forward for surgery information to be shared	Quarter 1 2021/22	Kamal Bahia
3	Sharing of best practice within the Clinical Commissioning Group and Primary Care Networks should be undertaken	Support	To take forward recommendations on a Berkshire West basis, including consideration at clinical director and practice manager forums	From Dec 20	Kamal Bahia and Andrew Price
4	Websites signpost to the latest patient survey results	Support	To work in partnership with practices and Silicon Practice to consider how best to reflect patient feedback on web sites	Quarter 1 2021/22	Kamal Bahia
5	Share a full range of options for people to provide feedback and complaints and labelling them appropriately	Support	To work in partnership with practices and Silicon Practice to consider this, and how it fits in with the broader feedback loop between patients and practices	Quarter 1 2021/22	Kamal Bahia and Andrew Price
6	Clearer information needs to be provided about the new patient registration process in terms of patient's rights and more information about individual's rights when asked for proof of ID.	Support	To work in partnership with practices and Silicon Practice to consider opportunities for a more standardised approach to registration	Quarter 1 2021/22	Kamal Bahia

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# **Experiences of Perinatal Mental Health Support in Wokingham Borough**

**What are mother's  
mental health needs in  
the time before and  
after having a baby?**

**How can services meet  
those needs?**

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# Introduction

When a baby is born it is usually a joyful event. However a national survey by the [National Childbirth Trust](#) showed that 50% of new mothers felt they had a mental or emotional health problem and 42% of those did not seek help from a health professional.

Estimates of the incidence of postnatal depression in the general population are 10-15 for every 100 women who have a baby. ([Royal College of Psychiatrists 2020](#))

Through previous community engagement the Healthwatch Wokingham team were aware that mental health support for new parents does not always meet the needs of the local population. We went into the community to gather experiences and provide an insight into the current provision and understand more about how having a baby can affect parent's mental health.

Our project identified some key areas in Wokingham Borough that would benefit from investment for the future.



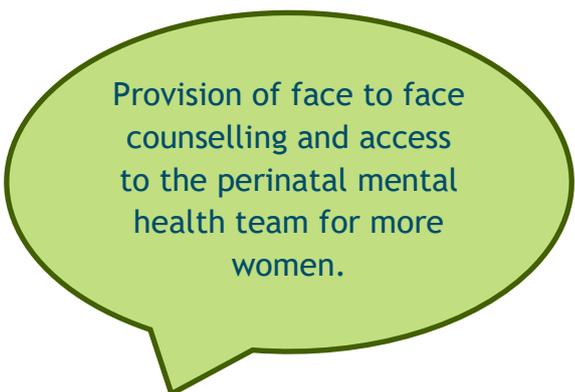
More targeted help for families who have experienced a traumatic event including, but not limited to- miscarriage or stillbirth, health issues for parents or baby, traumatic birth, having a baby who needs neonatal intensive care.



Facilitated mental health peer support groups based in different areas of the Borough



Increased availability of quality breastfeeding support.



Provision of face to face counselling and access to the perinatal mental health team for more women.

# Background

The effect of un-supported and un-diagnosed mental health conditions can be felt down the generations. **Healthwatch England's 2019 report** highlighted the importance of developing a strong bond between Mother and Child. This will support the mental health of the next generation. **Local CAHMS transformation plans** recommend prioritising maternal mental health as a way of safeguarding the future of children.

The most recent **MBRRACE report (2018)** also emphasised the importance of raising awareness of maternal mental health as maternal suicide is still the leading cause of death in the first year after childbirth. As part of the long term plan, following on from the 5 Year Forward View for Mental Health, the NHS are investing money into providing better mental health support for Mothers. We wanted to know what people in Wokingham have experienced and what they feel could be improved.

In our survey 42% of people who had been diagnosed with a mental health issue had anxiety, compared to 31% with postnatal depression. This is interesting as there is a greater awareness of postnatal depression which could affect parent's desire to seek help.

The perinatal period is the time during pregnancy, birth and up to a year postpartum. During this time women and their partners will meet services who play a part in emotional as well as physical care and can diagnose and refer to mental health professionals. There are a range of treatment options available depending on the severity of the mental health issue. This can lead to a confusing landscape both for parents and professionals.

# Current local provision



**Midwives** - Women will see a community midwife during their pregnancy. Wokingham midwives operate within different teams and each team has a caseload of women. Midwives should ask about previous and current mental health problems during pregnancy. If a mental health need is identified midwives should draw up a personalised care plan with the woman. During labour women in Wokingham may go to Frimley or Royal Berkshire hospitals or choose to have their baby at home. This will affect the midwife care they receive in pregnancy, for example women who are booked for a homebirth through Royal Berkshire Hospital will have their antenatal appointments at home rather than at a GP practice or children's centre and be looked after by the same midwife during pregnancy, labour and postnatal period.

**Health Visitors**- They work in partnership with families to maintain the health of young children up to the age of 5. Only 37% of mothers received a first face-to-face antenatal contact with a health visitor, which is lower than the national value. ([JSNA](#)) Due to routine appointments at 2 weeks and 6/8 weeks after birth, health visitors could play a key role in identifying issues and supporting mothers.

**GP**- Women will see their GP for routine appointments during pregnancy. Although there is no obligation to discuss mental health during these appointments many GPs do. The 6-week postnatal check provides an opportunity to review wellbeing and mental health, however these appointments can be short and the GP will need to assess Mum and baby's physical health too.

**Talking Therapies** - People can self-refer to Talking Therapies or be referred by a health professional. There is usually a waiting time before starting treatment. They could offer phone or web-based support including cognitive behavioural therapy.

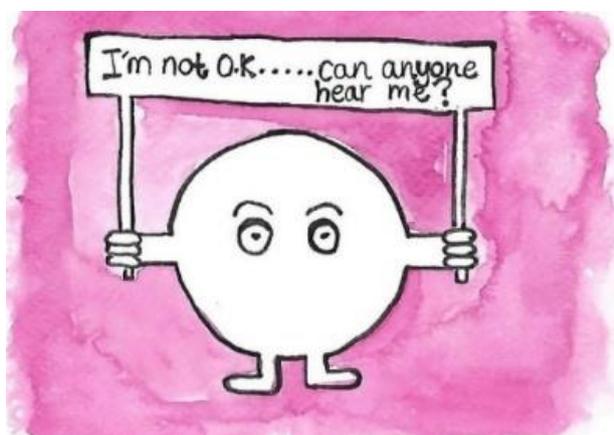
**SHaRON (Support, Hope and Recovery Online Network)**- Mums need to be referred by a health professional. They can then access an online forum to make connections with peers.

**Perinatal Mental Health Team** - Women who are at risk of severe mental health difficulties will be referred to the perinatal mental health team by their GP or Midwife. The team will make an assessment and decide the best treatment or signpost to other support including Children, Young People and Families Service to address bonding issues.

**Children's centre staff** - Wokingham [children's centres](#) are placed at key locations within the borough (Norreys, Finchampstead, Twyford, Winnersh, Woodley and Shinfield.) They provide events and activities that can promote positive mental health. Early intervention teams are based at children's centres, parents could be referred to them if mental health issues are making it hard for them to care for their children.

**Charities and Voluntary Sector Organisations** - such as [PANDAS](#), [Maternal Mental Health Alliance](#) and [MIND](#) provide online and telephone support. [National Childbirth Trust](#), [BIBS](#), church groups and community groups run social groups. Although these don't have a specific mental health focus, they can help reduce social isolation.

It should be noted that there are no statutory checks for Dads or female (non-birthing) partners during or after pregnancy. Some partners will attend antenatal or postnatal appointments, but the focus will be on Mum and baby. Some [research](#) has shown that partner's mental health can be affected by parenthood, particularly if the Mother is also struggling.



# What we did

**Designed and circulated a survey** using social media and community-based partners and received 67 responses.

**We visited messy play groups at Starlings and Rainbow Park children's centres.** We hoped that by accessing children's centres in areas of economic deprivation we would reach parents in more vulnerable groups.



**We ran creative journaling workshops for Mumzone,** a group set up as a holistic health and wellbeing intervention targeting inactive mums at risk of poor mental health in Wokingham. We facilitated 4 sessions over a 3 Month period in 2 locations.

**We visited a support group for parents who have had a baby in special care at Royal Berkshire Hospital** run by BIBS charity. We used visual images depicting different types of support to facilitate group discussion.

# Highlights of what we found

**72% of people reported that their mental health had deteriorated in the perinatal period.**

**37% felt worried or anxious a lot of the time.**

**42% of people were not able to manage their mental health problems using NHS services available to them.**

**30% experienced low mood or were not able to enjoy life.**

**People identified traumatic events during their pregnancy, birth or early parenthood and described how these affected their mental health.**

**Mothers often felt they could not ask for help and did not feel that a conversation about mental health was genuinely wanted when health professionals initiated it.**

Our full analysis asks questions about why this is and what improvements service users would like to see.

We used the data from our survey alongside qualitative information from our face to face engagement events to look for themes using thematic analysis. We have illustrated the main themes found with quotes and comments collected by Healthwatch staff and volunteers during our free form discussions or survey responses.

# Survey results

The survey questions were discussed and checked with a group of new Mothers attending a Wokingham breastfeeding support group. Some changes were made based on their feedback to ensure the questions were easy to understand and elicited useful responses. We then tested the survey design with a focus group of 5 Mothers before going live.

Of the 67 surveys we received 5 people live outside of Wokingham Borough in RG7 and RG42. We decided to include these responses to provide additional insight but have highlighted where a comment was from someone in this set.

The remaining responses showed a good spread across the Borough including Earley, University area, Wokingham town, Finchampstead, Woosehill, Barkham, Sindlesham, Winnersh, Hurst, Twyford, Wargrave, Woodley and Arborfield.

The mix of ethnicity was representative of the local demographic.

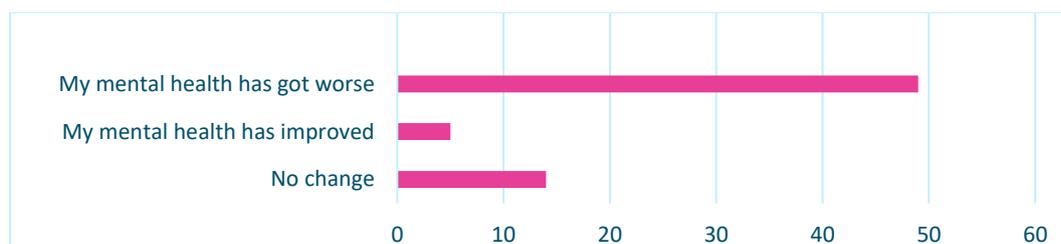
## Limitations of the report

We began the project with the aim of hearing from all parents, but our survey data told us that 94% of respondents were Mothers. The number of Fathers engaged with was too small to analyse as a separate group, so their data has been included alongside the Mothers.

The average age of survey respondents was slightly higher than the typical childbearing age for the Borough. We did not hear from anyone aged under 20 and although this makes up a small percentage of the population (Only 0.9% of Wokingham mothers are under the age of 18) this group are known to experience mental health challenges. In the future we would like to engage with people in this demographic.

## Question 1

**Regarding your mental health, have you noticed any changes since before you or your partner were pregnant?**



### Could you tell us more about this?

We used thematic analysis to code the 39 responses in this section. The most common responses were:

**Increased anxiety.** More people told us that they were struggling with anxiety since becoming a parent than any other response. 36% of responses mentioned increased anxiety.

- 👉 "I am more anxious as a lot of the time, I worry something bad could happen to my daughter."
- 👉 "During my last pregnancy my anxiety was very high, general day to day tasks at times were a challenge."

**Miscarriage, baby loss and birth trauma.** Women who have had a previous stillbirth, miscarriage or baby loss are more likely to suffer from poor mental health in future pregnancies. ([Nynas et al 2015](#)) ([Tavoli et al 2018](#)) ([Gravensteen et al 2018](#)) It is estimated that up to 1/3 of women experience birth trauma. ([Reed 2017](#)) Their birth partners could also suffer from poor mental health as a result of witnessing a traumatic birth.

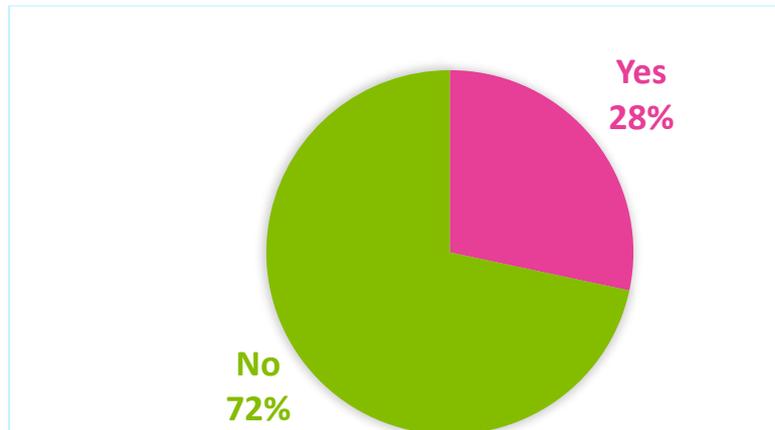
- 👉 "I had lost a previous pregnancy at almost 12 weeks and had similar symptoms with my second, which I think was a contributing factor in being diagnosed with anxiety at 10 weeks. Over 5 years on, I am still undergoing treatment."

**Tiredness.** Tiredness is common due to increased night waking with the baby but can also be a symptom of anxiety or depression. 10% of our survey respondents felt tiredness contributed to poor mental health.

**Healing previous mental health issues/ time is a healer.** We also heard from parents whose positive experiences of birth or parenting helped them with their mental health.

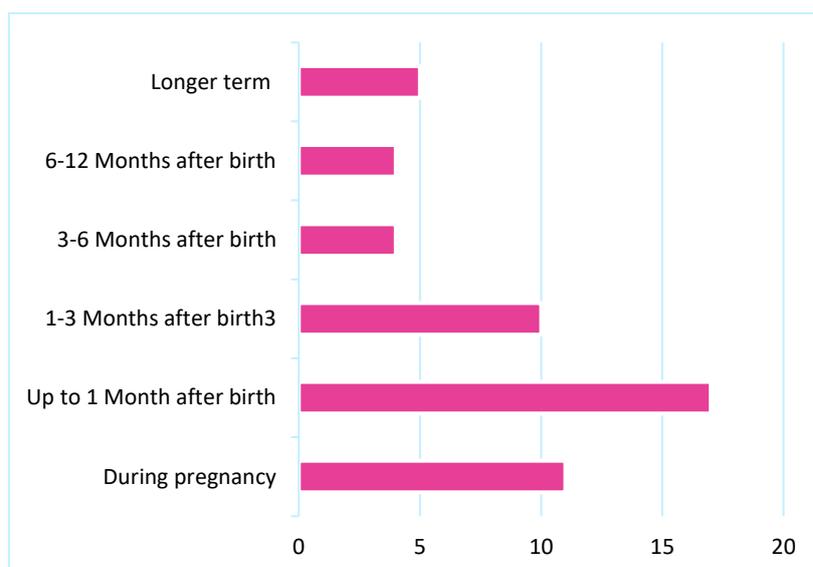
## Question 2

Did you have a mental health issue before pregnancy or your partner's pregnancy?



## Question 3

If you feel your mental health has declined, at what point did you realise something wasn't quite right?



## Question 4

### Who first noticed the change?

- Myself-75%
- My Partner 10%
- Midwife, Health visitor or GP- 11%
- Others (including, friends/ family) 4%



## Question 5

### What did you/they notice?

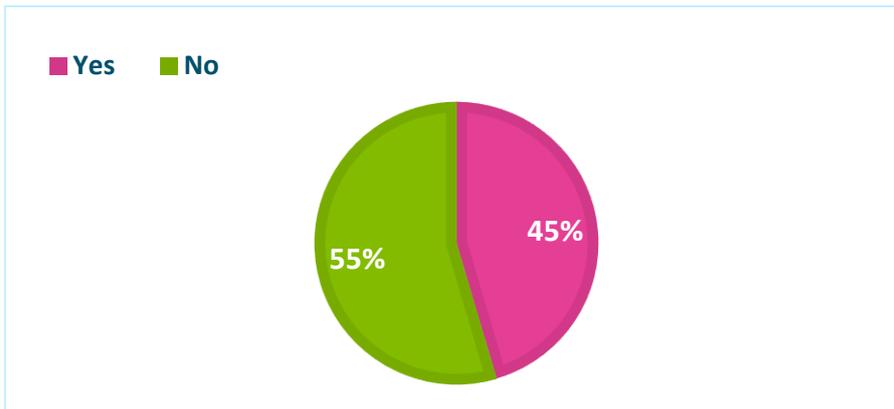
- 37% of people felt anxious or worried
- 19% of people were angry or irritable
- 30% people felt low mood or that they were not enjoying life
- 14% Lack of confidence
- 11% were worried about their relationship with the baby

During my Son's 12-week injections he started crying. I commented that he didn't seem to like me very much and the nurse picked up that it was an unusual thing to say.

I was feeling anxious, heart racing. Not wanting to be away from my baby at all (even to go to the toilet) and not wanting to go out when I am usually very sociable.

## Question 6

**Did the 6-week check-up with your GP provide an opportunity to discuss your mental health needs?**



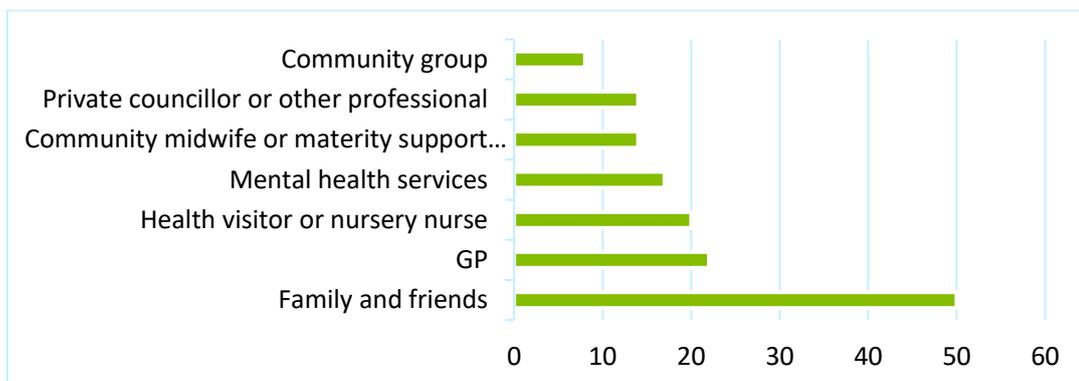
## Question 7

**How long was your 6-week check?**

31 people could remember the details of the appointment. Of those 41% had an appointment of 10 minutes or less, 35% had a 15-minute appointment, 10% saw their GP for 20 minutes and 13% had longer than 20 minutes.

## Question 8

**Who did you receive help from? Please choose all that apply.**



## Question 9

### Can you tell us more about the help you received?

Although most of the Mothers received help from their family and friends those who didn't told us they feel vulnerable as they either don't have them nearby, or they don't feel able to open-up to them.

I have found it really difficult to get the help I need. My partner has been very good but, in my culture, we don't really talk about our feelings so my family have found it very hard.

I didn't say how anxious I was feeling and covered it up. There wasn't really the opportunity to say how anxious I felt, and as I did feel very happy just being with my baby it felt no reason to say anything, but there was an underlying anxiety all the time, and I felt panicked if I had to leave the house.

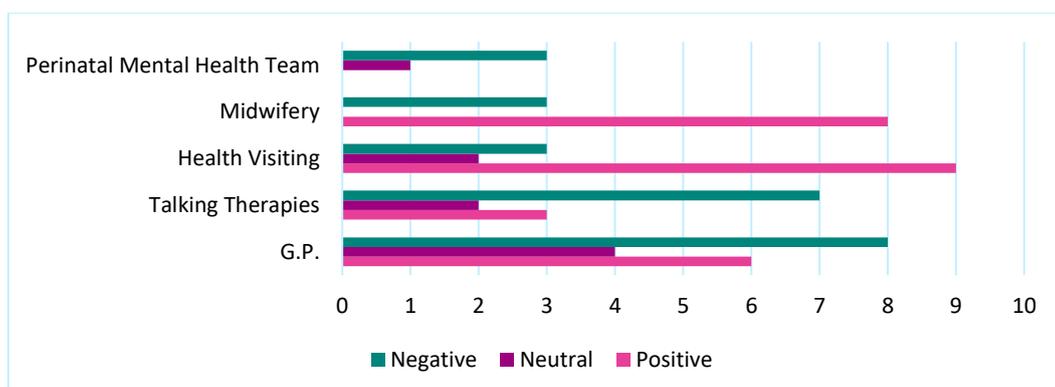
I think there is too much focus on the baby, people forget about the Mum. I want to have an honest conversation about how I am feeling but don't think I can unless I am telling them that I have postnatal depression. I just think I am finding things a bit hard at the moment.

Those who have strong social support were often able to cope with their mental health difficulties.

My family provided all the help I feel I needed at the time. I do however feel I could have or still can go to my GP should I need too. Though I am still anxious I feel discussing this with family members usually helps.

My Mum came to stay with me and gave me a lot of help. I didn't feel I needed any help from elsewhere.”

We received varied comments about all the support services.



Although some people had a positive experience this was not universal, and some Mothers felt let down by the support they received. Those who told us they had good support often mentioned the relationship they established with their Midwife, health visitor or therapist. Key themes were:

#### **Feeling unsupported by healthcare professionals**

“At my 6-week appointment the GP kept repeating he was asking questions from a standardised survey, didn’t seem interested in my answers.”

“First of all: Talking Therapies but found their approach very judgemental to my symptoms- I did not fit neatly into their "box".

#### **Lack of opportunity to discuss mental health or they didn’t feel a conversation was wanted**

“My midwife asked how I was feeling but not in depth you know.”

“I went to my GP and felt they focused more on the issues with my baby rather than my mental health.”

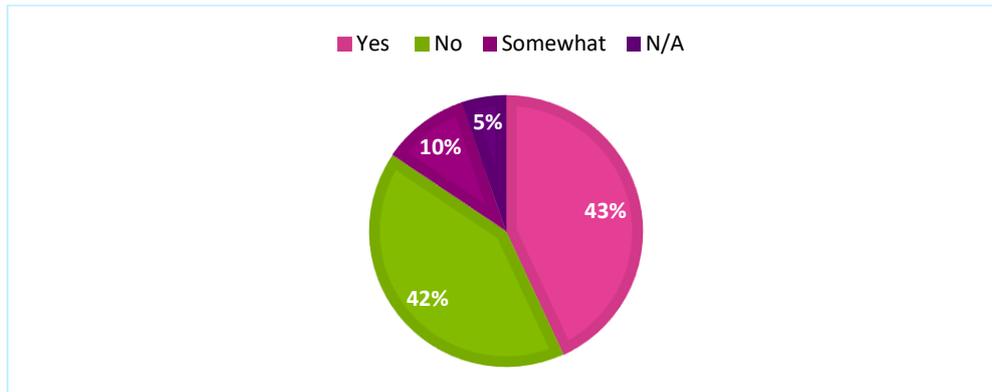
#### **That the type of support they were offered was not enough for their needs**

“When my daughter was 19 months, I was admitted into a private mental health hospital. Whilst I had lots of checks prior to this through my GP and health visitor the support wasn’t robust, and it was only a matter of time before I would have ended up in an NHS hospital which luckily we could avoid due to having private health insurance.”

“After the baby was born my doctor recommended, I contact talking therapies, but I didn’t want to. I think I need intensive psychological help not a phone call. I paid for counselling myself but have had to stop as I can’t afford it long term.”

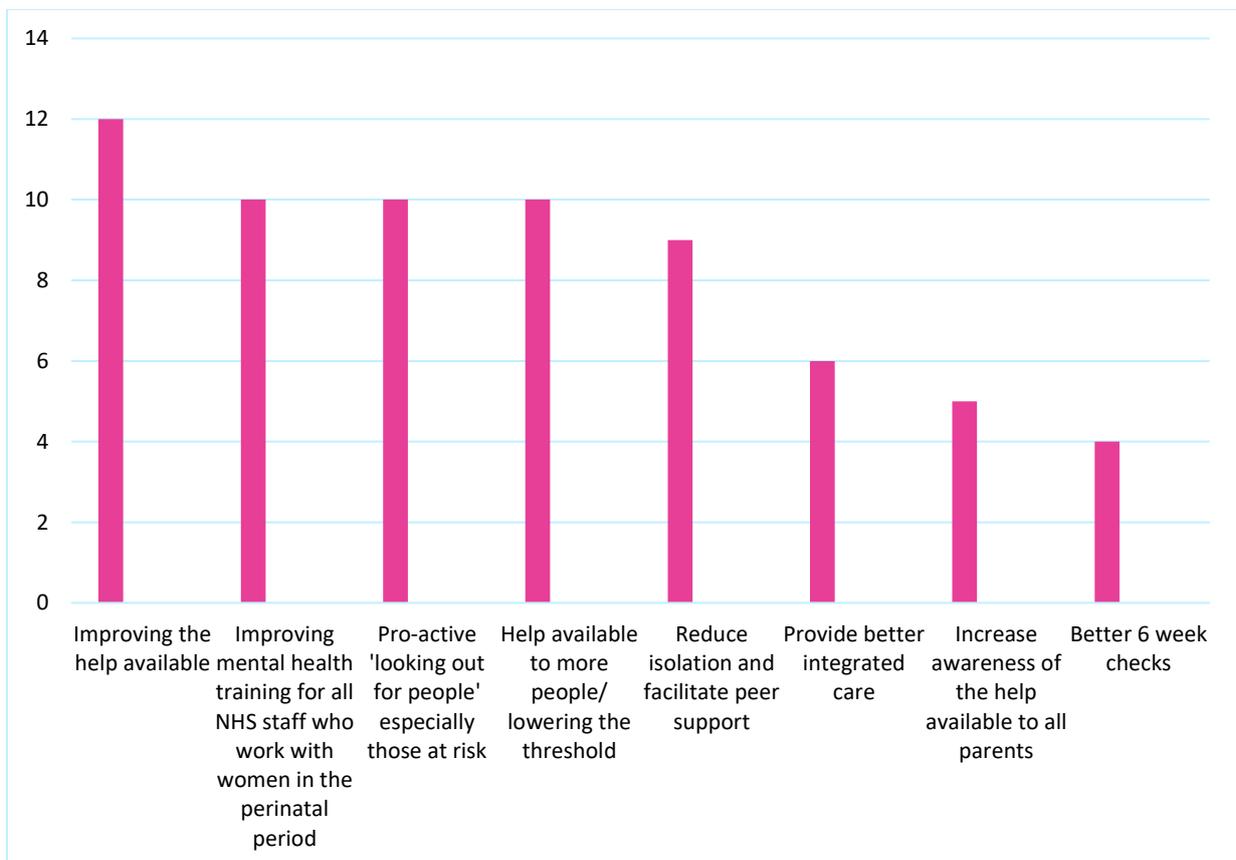
## Question 10.

**Would you say you were able to manage your mental health problems using the NHS mental health services available to you?**



## Question 11

**How could your experience of NHS mental health services be improved? What would you like to see changed?**



## Question 12

### **Were there any circumstances around pregnancy, birth or the early days with your baby where you felt NHS services contributed positively or negatively to your mental health?**

While mental health is a complex issue and there are often multiple triggers, many women were able to pin-point specific incidents that had a positive or negative affect on their wellbeing. We have given a summary of the freeform comments received.

#### **Care during pregnancy**

Women reported that their mental health was affected by physical health difficulties in pregnancy. A theme emerged, where women who were not presented with a choice or were coerced into a course of action that did not represent their wishes struggled to reconcile events leading to mental health issues.

There is body of evidence which suggests that women's experience of pregnancy and labour (not just the outcome) has an impact on their ability to bond with their baby and long-term mental health. ([Cooke and Loomis 2012](#))

Therefore, it is recommended that steps are taken to provide choice and autonomy for women. Alongside this, where physical health difficulties have presented in the perinatal period extra care should be taken to refer women for further mental health support if needed.

#### **Care during labour**

When women reported positive experiences of care in labour, they commonly mentioned the support of midwives, the outcome of the birth or that their choices were respected.

By contrast care that had a negative effect on Mother's mental health was said to lack respect or choice. Birth trauma is common affecting around a third of Mothers, it is estimated that about 5-8% of women go on to develop PTSD. ([Birth Trauma Association 2018](#)) Difficult births or poor outcomes are also a risk factor for postnatal depression. We heard from women who had experienced trauma caused by unexpected interventions, mistakes made by healthcare workers or lack of listening.

Where Post Traumatic Stress Disorder is diagnosed or suspected access to evidence-based therapy is essential. ([NICE 2014](#))

## **Postnatal care in hospital**

Following a difficult birth Women are likely to need an extended stay in hospital therefore most of the comments received were from Mothers who were recovering physically and psychologically.

Kindness or lack of kindness was the primary theme here. Midwives were sometimes seen as being task orientated and not prioritising the mental and emotional wellbeing of the Mother.

## **Postnatal care in the community**

National Institute of Clinical Excellence (NICE) guidance tells us that postnatal care should be a continuation of care offered in pregnancy and birth. A postnatal care plan should be developed in pregnancy or as soon as possible after birth. This should include the mental wellbeing of the Mother and can help to improve continuity of care.

Again, many women felt they could not ask for the help they needed. Therefore, using the postnatal care plan would help postnatal workers to understand the previous and current circumstances of the family and offer increased support accordingly.

## **Feeding issues**

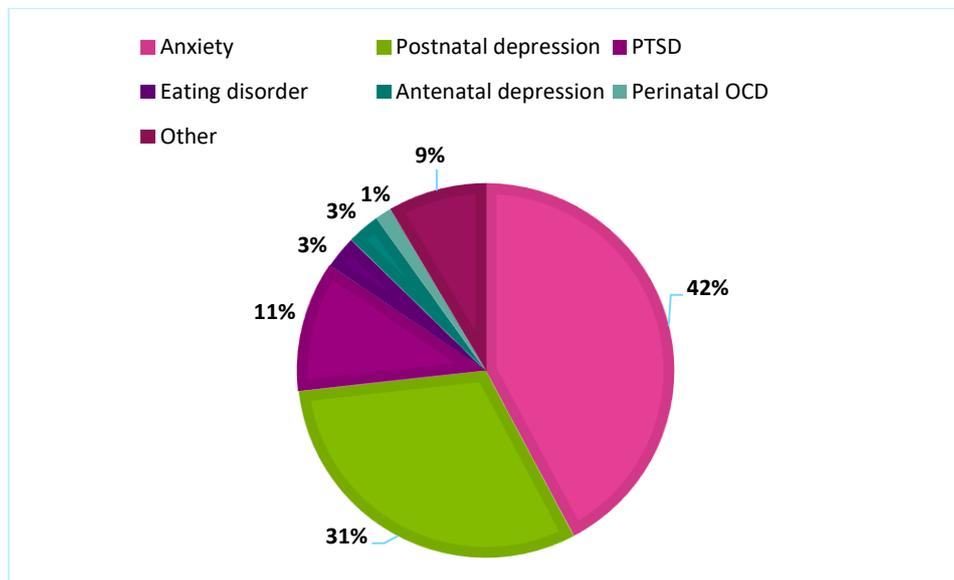
We heard that breastfeeding really matters to women and those who did receive good support felt that it benefitted their mental health.

Those who did not receive the support they needed to initiate or continue breastfeeding described lack of empathy or understanding of their breastfeeding relationship. There is debate about the link between breastfeeding and maternal mental health, but it was clear that for many Mothers we spoke to, the treatment they received as well as the breastfeeding outcome itself was significant.

In Wokingham breastfeeding support is provided by midwives or maternity support workers in hospital and the immediate postnatal period. Royal Berkshire Hospital has a feeding clinic that women can be referred to. There are also Breastfeeding peer supporters who work from children's centres or social groups.

We recommend raising awareness of the support available and ensuring that women in all areas are able access good quality support on a regular basis. Increasing the frequency and geographical spread across the Borough of groups would allow more people to access help.

**Question 13. If you have a perinatal mental illness, what did/do you have? Please choose as many as necessary**





## Support from the community

Whilst undertaking this piece of research it became apparent that support provided by community groups was critical in supporting mental health and wellbeing.

Healthwatch visited a variety of community groups in the process of this project including Children's Centre sessions, National Childbirth Trust bump and baby groups, Mumzone and BIBS support group. Without exception they were seen positively by the people who used them. Women felt that having a space to engage with other Mothers and participate in an activity that had a positive effect on their wellbeing helped them to cope with mental health challenges.

Provision of peer support could play a key role in future mental health provision and has benefits for both parents and NHS. There are several possible ways to approach this and there are already projects running in other areas of the country including the 'Parents in Mind' program run by the National Childbirth Trust and Sutton Perinatal Mental Health Peer Support Group.

The Maternal Mental Health Alliance has developed a set of 5 principles about what makes a good peer support program, available here. These principles echo the thoughts of the Mothers we spoke to.

- 1) Good perinatal support is safe and nurturing.
- 2) Good perinatal peer support is accessible and inclusive.
- 3) Good perinatal peer support compliments, rather than replicates the work of clinical mental health services.
- 4) Good perinatal peer support provides opportunities for meaningful involvement of people with lived experience and peer leadership.

- 5) Good perinatal peer support benefits everyone involved, including peer supporters.

## Mumzone Group

Mumszone was a holistic health and wellbeing intervention targeting inactive mums at risk of poor mental health in Slough and Wokingham. The weekly programme provided physical activity in the form of yoga and support through informal workshops to encourage behavioural change. Steering groups have been established in both areas made up of 15 local experts in the areas of peri-natal health and wellbeing and the intervention was shaped by local mums. Intervention aims:

- 1) Improve mental health and physical wellbeing.
- 2) Provide messaging and signposting.
- 3) Offer an opportunity for mums to get together in a comfortable setting.
- 4) Aid social networking and peer support.



The project has now reached a conclusion with some positive results.

Healthwatch Wokingham facilitated 4 creative journaling sessions at Mumzone. This was welcomed by the participants who felt that journaling and the resulting discussion helped their wellbeing.

Each session had a theme such as ‘My Journey’ and involved creating a journal entry, discussion of mental health support and sharing the pages created. The group participants supported each other to open up about their experiences and share the joys and challenges of a new baby.

## BIBS Family Support Group

Babies in Buscot Support Group (BIBS) is a Monthly group run by a trained facilitator for parents whose babies have spent time in Buscot special care ward at Royal Berkshire Hospital. We were interested to hear from parents who have experienced a difficult start and understand more about the support they needed.

We used some hand painted images showing different interpretations of support or lack of support and discussed the experiences of parents in the group.



# Conclusions and recommendations

Listening to women's stories highlighted the different journeys that families take through the perinatal period. The challenge for care providers is to work together to give individualised care that benefits the mental health and wellbeing of the entire family.

We would like to thank all the parents who took the time to contribute their experience to this report. As services re-start post Covid-19 it is hoped that the findings and recommendations from this report are considered.

The NHS Long Term Plan committed to helping an extra 24,000 people by 2023/24 to prioritise Mother's mental health and therefore facilitate strong attachment with their baby. Our project identified some key areas in Wokingham Borough that would benefit from investment for the future.

## These are our recommendations for providers and commissioners



**Provision of face to face counselling and access to the perinatal mental health team for more women.** The threshold for accessing the perinatal mental health team prevents some Mothers who are experiencing psychological distress from getting treatment other than Talking Therapies. We heard that this is not suitable for everyone and women wanted other options.



**More targeted help for families who have experienced a traumatic event including, but not limited to- miscarriage or stillbirth, health issues for parents or baby, traumatic birth, having a baby who needs NICU support.** People told us they need more opportunities to discuss their mental wellbeing with health professionals. This is especially important when there is a pre-existing mental health issue, traumatic birth or pregnancy or lack of social support for the family.

Despite more conversation and acceptance of mental health issues women still felt there was stigma about asking for help.



**Increased availability of quality breastfeeding support.** Women told us that being able to access the help they needed to breastfeed their babies for as long as they chose was important for positive mental wellbeing.

 **Facilitated mental health peer support groups based in different areas of the Borough.** Provision of peer support can play a key role in raising awareness about maternal mental health and wellbeing. This could be especially important for those who are isolated and lacking in family support. We heard how much women valued all the groups we visited; they voiced the need for more facilitation with a focus on mental wellbeing.

 **More collaborative working between health professionals resulting in better integrated care.** During pregnancy, birth and the postnatal period women will encounter a range of people including, GP, midwives, health visitors, antenatal educators, breastfeeding supporters, children's centre workers and volunteers. We heard that continuity and consistency are key.

 **Maternal mental health training for all health professionals working with families during the perinatal period.** Although we heard from women who were well supported there were some who felt let down by the people who cared for them. Fear of judgement prevented Mothers from talking openly about their mental health.

 **Comprehensive 6-week checks that include mental health offered to all Mothers.** Following the engagement for this report, funding was made available in the new GP contract to include the physical and mental health of the Mother in the 6-8-week postnatal check. This will be a key opportunity to discuss Mother's mental health and support families to access treatment. We look forward to seeing this being offered by all GP practices in Wokingham.

This was a small sample and we would recommend that a larger piece of work takes place to engage with both Mothers and Fathers, including young parents and others in vulnerable groups.

# Response received from Berkshire Healthcare NHS Trust

Thank you for opportunity to review and comment on your findings.

In response to page 5 (Health Visitors):

Wokingham Public Health commission face to face ante-natal contacts for mothers with identified needs, e.g. previous history of mental health; child protection; previous still birth which means that unmet needs around mental health in the family are not identified. For other ante-natal parents they are sent a letter about the HV service with a link to a number of resources about preparation for a new baby, details of how to contact HV. Health Visitors rely on information being passed from midwifery, and the information flow is not straightforward. The midwifery service offer different service levels depending on the hospital of choice / type of delivery which contributes to fragmentation of service for mothers and inequity e.g. those who have home births receive care from 1 midwife, not a team. The Health Visiting service are working with RBH midwifery partners to improve communication between services.

The Health Visiting service is commissioned to provide face to face individual appointments in the home for the new birth visit between 10-14 days, when a Family Health Needs assessment is undertaken. It is quite common for partners to be present, and they are included in the conversations about transition to parenthood. It is important to note that the Family Health Needs Assessment (FHNA) is a holistic assessment of the family unit. Families are diverse, and may include single parents or same sex parents.



The FHNA covers adults experience of being parented, and both parents are encouraged to be present at new birth visit, and are welcome at subsequent contacts. If issues are identified, either or both parents can be signposted to self-help, talking therapies or Perinatal MH, dependent on identified needs.

The Healthy Child Programme (2009) recommends that the post-natal check is undertaken by a Health Visitor. The currently commissioned model in Wokingham is that contact with parents on a universal caseload is undertaken by members of the skill mix team who have undertaken additional training in a clinic setting (currently online due to Covid); whilst we work to enable provision for parents to share their concerns about mental health at these clinics the model does not provide an optimum opportunity for that. It is only for targeted families (as described above) that the 6-week check would be undertaken by the Health Visitor in the home.

Health Visitors work closely with parents and can refer mothers for peri-natal mental health support should a need be identified. There is no mention in the report of the 6-8-week Health Visiting service appointment; this appointment has a strong focus on maternal mental health and that of the family / partner. However, it is not uncommon for this appointment to be attended by the mother only, as often the father/partner has returned to work by this time.

We have noted that there is a common theme that mothers do not feel they are able to ask for help – we will explore this further and we agree that the provision of mental health needs to be increased and more joined up working between services would improve access for parents and allow them to discuss their wellbeing more freely.

It would be helpful to understand if parents were asked about their post-natal appointment with the Health Visitor service and whether questions were asked regarding the mother's mood and wellbeing. We feel this is important as the general post-natal check is focused on infant and maternal health and includes a feeding assessment.

In response to page 20 (Feeding issues):

Wokingham is the only locality in the West of Berkshire to have the Breast-Feeding Network (BFN) commissioned and they offer 3rd sector support alongside and separate to the HV service for breast feeding.

There are breastfeeding champions within the Health Visiting Team and there is a Health Visitor who is a lactation consultant and acts as a resource for professionals as well as being able to offer direct support to families. The service also runs a daily Health Visiting telephone advice line, which parents are made aware of at every contact. Consultation through this, can, if needed result in further support. It is important that there is close liaison with the RBH around infant feeding with robust pathways which ensure if a mother and her baby require specialist

support for a more complex feeding issue, that this is carried out via a referral process on behalf of the mother. This ensures that there is continuity in who provides the additional support, less stress on arranging appointments, travelling to appointments and that each referral is specific to that mother, with a thorough assessment and observation being carried out beforehand. The role of the Baby Friendly Champions ensure that they are the first point of contact for additional complex feeding issues and to ensure that information staff are providing is evidence based.

In response to page 20 (Talking Therapies -IAPT):

Since 2014 Talking Therapies have prioritised all parents (and parents to be) who are pregnant or have a child up to one year of age for initial assessment and treatment. Individuals are usually assessed within one week of referral and those in the perinatal period are identified and prioritised for psychological therapy.

Talking Therapies offers face to face, telephone and web-based treatment for a variety of common mental health problems. Evidence based psychological therapies that are provided include Cognitive Behavioural Therapy, Counselling and EMDR. We would encourage those accessing the Talking Therapies service to discuss with their assessing clinician, the variety of treatment options that are available to them and how these may best meet their needs.

In response to page 19 (Care during pregnancy):

The Berkshire Perinatal Service offers assessment, support and treatment for women who are experiencing or are at risk of moderate to severe mental health difficulties, where there is an additional impact on daily functioning, bonding to baby and / or risks relating to the mental health issue(s). The Service works alongside many other health and social care professionals as well as third sector organisations. Contrary to the detail of this report, the Perinatal Service do not make referrals to other services to address bonding issues as the 3 service offers a wide range of targeted interventions to support mothers with bonding and attachment.

We are recognised on a national level for the service we provide regarding Birth Trauma and Fear of Childbirth within Berkshire. We offer a specialist Birth Trauma Pathway to offer psychological therapy for those who are experiencing symptoms of Post-Traumatic Stress Disorder from their childbirth experience. We work alongside the Birth Reflections practitioners within maternity hospitals to offer joined up care and identification of mental health difficulties, where appropriate.

In Berkshire, women may be referred by health and social care professionals to SHaRON, which is a peer-led, online support network. Our Peer Support Worker is actively involved in the development of the service and groups, such as our relapse prevention group called WINGS.

The NHS Long Term Plan is aiming for the continued development of Perinatal Mental Health care, which includes: increased access and support for women who have experienced loss, have a fear of childbirth and / or birth trauma. The Long-Term Plan also aims to ensure that partners/carers are more involved and receive support or advice where appropriate. We are pleased to say that work is currently being undertaken to achieve these objectives moving forwards.

Across the county, we provide regular, monthly Perinatal teaching sessions to our maternity colleagues and quarterly teaching sessions to our Health Visiting and Mental Health colleagues. We offer yearly training to our GP colleagues. Nominated clinicians within the service attend monthly meetings with maternity hospitals to identify and pro-actively support those women who may be at increased risk of their mental health becoming affected during the perinatal period. We also hold fortnightly joint maternity and mental health clinics with the Royal Berkshire Hospital.

**We approached Berkshire West Clinical Commissioning Group, North East Hampshire and Farnham Clinical Commissioning Group and Wokingham Borough Council for comment but did not receive a response from these organisations.**

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**Currently unscheduled topics:**

- Ambulance response times – briefing requested
- Dental services during pandemic – briefing requested

## 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
- **BOB** – Buckinghamshire, Oxfordshire and Berkshire West
- **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
- **ICP** – Integrated Care Partnership
- **ICS** – Integrated Care System
- **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
- **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
- **PCN** – Primary Care Network
- **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