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WOKINGHAM
BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in the Council Chamber - Civic Offices, Shute End, Wokingham RG40 1BN on **MONDAY 8 NOVEMBER 2021** AT **7.00 PM**

Susan Parsonage
Chief Executive
Published on 29 October 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: Although non-Committee Members and members of the public are entitled to attend the meeting in person, space is very limited due to the ongoing Coronavirus pandemic. You can however participate in this meeting virtually, in line with the Council’s Constitution. If you wish to participate either in person or virtually via Microsoft Teams, please contact Democratic Services. The meeting can also be watched live using the following link: https://youtu.be/F8tQlUSvK80

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

Alison Swaddle (Chairman)	Jackie Rance (Vice-Chairman)	Sam Akhtar
Jenny Cheng	Carl Doran	Michael Firmager
Adrian Mather	Tahir Maher	Barrie Patman
Rachel Bishop-Firth		

Substitutes

Clive Jones	Chris Bowring	Rachel Burgess
David Hare	Norman Jorgensen	Guy Grandison
Pauline Helliar-Symons	Simon Weeks	Caroline Smith
Anne Chadwick		

ITEM NO.	WARD	SUBJECT	PAGE NO.
31.		**APOLOGIES** To receive any apologies for absence	
32.		**MINUTES OF PREVIOUS MEETING** To confirm the Minutes of the Extraordinary Meeting held on 21 September 2021 and the Minutes of the Meeting held on 29 September 2021.	**5 - 18**
33.		**DECLARATION OF INTEREST** To receive any declarations of interest	
34.		**PUBLIC QUESTION TIME** To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this committee. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions	
35.		**MEMBER QUESTION TIME** To answer any member questions	

36.	None Specific	**ROYAL BERKSHIRE NHS FOUNDATION TRUST** To receive an update from Royal Berkshire NHS Foundation Trust.	**Verbal Report**
37.	None Specific	**GP PRACTICE PROVISION AND GP SERVICES** To receive an update on GP practices and GP services.	**19 - 30**
38.	None Specific	**HEALTHWATCH WOKINGHAM BOROUGH** To receive an update on the work of Healthwatch Wokingham Borough.	**31 - 70**
39.	None Specific	**FORWARD PROGRAMME** To consider the forward programme for the remainder of the municipal year.	**71 - 78**

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

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MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 21 SEPTEMBER 2021 FROM 7.30 PM TO 9.20 PM

Committee Members Present
Councillors: Alison Swaddle (Chairman), Jackie Rance (Vice-Chairman), Sam Akhtar, Jenny Cheng, Carl Doran, Michael Firmager, Clive Jones, Barrie Patman and David Hare (substituting Tahir Maher)

Others Present
Adrian Mather
Charles Margetts, Executive Member Health, Wellbeing and Adult Services
Katie Summers, NHS Berkshire West CCG
Madeleine Shopland, Democratic & Electoral Services Specialist
Ingrid Slade, Consultant in Public Health

20. APOLOGIES
An apology for absence was submitted from Councillor Tahir Maher.

21. DECLARATION OF INTEREST
There were no declarations of interest.

22. PUBLIC QUESTION TIME
There were no public questions.

23. MEMBER QUESTION TIME
There were no Member questions.

24. COVID VACCINATION UPDATE
The Committee received an update on Covid vaccinations within the Borough.

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

- Katie Summers, Berkshire West lead for vaccinations and Director for Place Partnerships for the NHS Berkshire West CCG, provided an update on the vaccination programme.
- Kate Summers took the Committee through a timeline of the Covid vaccination programme.
- In December 2020 the first Hospital Hub programme had begun. The vaccination of cohorts up to the age of 18 was still continuing, however a new phase was also beginning; the booster programme and vaccinating 12-15 year olds.
- The first phase of vaccinations had focused on the most vulnerable including those in care homes and over 80's. These were carried out in the primary care centres.
- In January 2021, the first mass vacation site had opened at the Kassam, followed by the Madejski Stadium in February. By February Cohorts 5-6 were being vaccinated.
- Different delivery mechanisms such as the Health on the Move van had also been used, which had made a big difference in vaccination levels.
- Katie Summers highlighted the number of people vaccinated in the different months across the BOB ICS. As an Integrated Care System, the BOB ICS, performed the best for vaccination rates in the country.
- Katie Summers went on to outline Phases 1 to 3 of the programme.

- In Phase 1, from December 2020, residents in care homes and older adults and their carers, frontline carers, the extremely clinically vulnerable, 16-64 with underlying health conditions and those aged 50 plus, had begun to be vaccinated. Until April the focus had tended to be on undertaking first vaccinations. This had then shifted to second vaccinations, due to the good uptake in vaccines. Also, evidence had suggested a better outcome following two doses of the vaccine.
- Phase 2 had been staged from April 2021 and focused on vaccinating those 18 and over. Since August 2021 the vaccination of 16–17-year-olds and clinically vulnerable 12-15 years old, had begun. From September 2021 the vaccination of 12-15 year olds would begin.
- Anyone over aged 18 and over who had still not been vaccinated were still encouraged to be, and would be offered a vaccination.
- Members were informed that Phase 3, boosters, had begun that week. Anyone living in a care home or who was over 70, or a front-line care home worker would be offered a booster initially. Boosters would be offered 6 months from the second vaccination. Immunosuppressed residents would receive an invitation to have a booster 3 months after their second dose. Following this the remaining cohorts would be offered boosters. Katie Summers indicated that Pfizer was approved for boosters by the Joint Committee on Vaccination and Immunisation (JCVI). A half dose of Moderna could also possibly be offered. This was currently undergoing the approval process by the JCVI. A Member questioned whether Pfizer and Moderna would be compatible for those who had originally received the Astra Zeneca vaccine, and if so, how this would be communicated. Katie Summers stated that the JCVI had confirmed to the PCN's that the mixing of doses was considered safe, and in some cases preferable. There was likely to be national communication on this. Most of those who had been vaccinated first, had been vaccinated with Pfizer.
- Members were informed of the different delivery methods.
    - Primary Care Networks – in Phase 1 all Wokingham PCN's had opted into the national contract. In Phase 2 some of the PCNs had changed their delivery method. Wokingham PCN and Wargrave and Woodley Surgeries had opted in. All practices except Wilderness Road had opted in for Phase 3. Wilderness Road patients would be covered by Brookside Surgery.
    - Mass Vaccination Centres – commissioned by NHS England. The Madejski Stadium centre had been replaced by Broad Street Mall in July following the change in social distancing requirements.
    - Pharmacies – commissioned by NHS England – initially only two had signed up locally but this had since increased for the booster phase.
    - Health on the Move van – commissioned by the BOB ICS and deployed around the ICS. The clinical provider was Oxford Health, and it was used to target areas of low take up. Areas it had travelled to included Asda in Lower Earley, Bulmershe School and Sheeplands. Katie Summers thanked Officers for their help in the planning of the deployment of the van.
    - Specialist – Dr Jim Kennedy had worked with and led the vaccination of the homeless community. Berkshire Healthcare had helped to vaccinate house bound residents. Members asked that their thanks be passed on to Dr Kennedy for his hard work. Surge vaccinations had also been organised. Members were reminded of the pop-up vaccination site at Bulmershe following a surge in cases. Take up had been good.
- From 6 September, clinically vulnerable 12-15 years had begun to be vaccinated. Berkshire Healthcare had gone into some of the specialist schools to undertake this. From 23 September the 12-15 year old population would begin to be

vaccinated by the Schools Immunisation Teams. Close work had been undertaken with the schools to ensure effective communication and consent.

- Members considered the vaccine take up rate to date. Katie Summers informed the Committee that Wokingham was one of the best local authorities for vaccine take up.
- The Committee was also updated regarding seasonal influenza vaccinations for 2021/22. Confirmation had been received that the JCVI supported the co-administration of the influenza and covid vaccines and that there would be no delay in the delivery of either. Individual practices were working up plans on how to support co-administration.
- It was noted that the eligibility for the influenza vaccination had changed this year. All children aged 2-15 years old were now encouraged to be vaccinated, where previously it had been up to the age of 11. Those aged 50 and over were also encouraged to be vaccinated.
- Members were informed that all Wokingham Borough GP practices had opted into the national contract for influenza vaccinations. Community pharmacies could vaccinate those aged 18 and over and Berkshire Healthcare would vaccinate school children.
- The expectation was that all care home residents had to be vaccinated by 1 November. The GP practices had been contracted to deliver on this.
- Katie Summers outlined some issues with the influenza vaccination including transport distribution.
- Members considered a forward plan of vaccination work. A timetable of when the PCN's would be going live with the booster vaccinations, would be circulated to the Committee.
- It was noted that it was hoped that school children would be vaccinated by the Autumn half term. However, there had been some delays, such as a lack of guidance from government and staff shortages in the Schools Immunisation Teams. The Schools Immunisation Teams would be undertaking both Covid and influenza vaccinations, creating additional workload. The CCG was working with Berkshire Healthcare Trust to ensure that they had additional staff who had received the appropriate paediatric accreditations.
- Members sought clarification on the vaccination of health workers. Last year Berkshire Healthcare Trust had been able to offer vaccinations for front line health and social care staff from the Hospital Hub within Wokingham Community Hospital. However, this was not possible due to the teams being used to vaccinate school children for Covid and influenza. Health and social care workers would be invited to make a booking for a booster via the national booking system at a community pharmacy, a mass vaccination site, or a participating GP practice.
- The vaccination programme had been delivered in a very challenging time. With the delivery of Covid and influenza vaccinations, GP practices had concerns around the delivery of core services. Whether there was any impact on the delivery of core GP services would be monitored.
- The Committee was advised that some incidents of anti vaxxers were being seen locally, including in schools and GP practices. Some were using headed paper from Public Health England and the NHS for their communications. When identified this was being reported to the Police. Members were pleased to note that action was being taken to address this. A Member questioned whether the Committee could issue a press release indicating its concerns about what the anti vaxxers were doing.
- A Member commented that Wokingham wanted the highest rate of vaccinations possible for its residents. They expressed concern that the rate of vaccinations in

the 18-24 year old cohort had dropped off, and that rates of Covid infection remained high in school age children. She questioned when the vaccination of school children was likely to be complete given the highlighted delays. Katie Summers responded that the reduction in vaccination rates was being actively monitored. Capacity was still high but take up had reduced. There was still a degree of hesitancy in some people. A large amount of communication work had been provided and was being undertaken with the school providers and the universities. Officers had gone to the Reading University Fresher Week to encourage new students to be vaccinated. With regards to staffing levels, Katie Summers indicated that she had been reassured by BOB ICS that sufficient staff would be available and that targets would be delivered. She went on to express concern regarding supporting children who were home schooled and their families, to ensure that they received the opportunity to take up a vaccination.

- A Member questioned whether the slowing rate of vaccinations in 18-24 years olds was due to people not knowing what to do or where to go, and if there was an issue with communication. Convenience was often very important. Katie Summers commented that there were two ways communication could be received – those who were eligible for vaccinations were being sent a text message encouraging them to take up the vaccination. The national booking system was widely promoted. Members were also informed of the 'Grab a jab' walk in facility at the mass vaccination centres and some community pharmacies. GP practices in Berkshire West had chosen not to be on the national booking system for Phases 1 and 2 but would be encouraged to do so for the booster programme. With regards to convenience, the 'Grab a Jab' system helped to address this as did the Health on the Move van.
- A Member commented that they were hearing that many residents were not clear where to go for their second vaccination, particularly for Moderna. She asked how the CCG made sure that people knew how and where they could access this, and also the Covid booster and influenza vaccinations. The Committee was informed that Moderna was only available at the mass vacation site at Broad Street Mall and the community pharmacy sites. The CCG website was promoting what types of vaccinations were available and where. Katie Summers assured Members that the Communications Lead would link with the Communications Team at the Council to actively promote this. With regards to the boosters, residents would receive text messages inviting them to make a booking when appropriate. GPs would be inviting their patients for an appointment and highlighting other delivery methods.
- In response to a Member question, Katie Summers highlighted the location of the participating community pharmacies in the Borough.
- A Member questioned whether the reduction in vaccination take up was due to a shortage of vaccinations and was informed that it was not. A mutual aid system had been set up between the PCN's. Whilst there had initially been some difficulties with transporting Pfizer, this was now less of an issue. Members were also informed that some of the lower vaccination levels were in the Council's neighbouring authorities and some of the staffing had had to be diverted to areas with more significant need.
- In response to a question regarding the booster vaccines for the different cohorts, Katie Summers commented that there would be some flexibility for delivery.
- A Member asked about the delivery of booster vaccines for the over 50's. Presently the contract for the GP Practices and the community pharmacies was up to the over 50's. The uptake in the first stage would be reviewed to establish the success or otherwise of the booster programme.

- A Member questioned whether there was a lower uptake in ethnic minority communities and if so, what additional communication was being undertaken to address this. Katie Summers stated that there had initially been some hesitancy in communities of different ethnic origins including in the Black African, Black Caribbean, Eastern European and Chinese communities. The Health on the Move van was starting to make a difference and uptake in these communities was increasing, although there was still quite a low uptake in the Chinese community. Messages would target the Chinese community who were attending the Reading University Fresher Week. Work had also been undertaken with the Gurkha communities and leaders to send out encouraging messages. A positive impact was being seen as a result. It was noted that the Council's Communication Team had undertaken a lot of work to encourage local communities to take up the vaccine.
- It was hoped that another vaccine clinic would be held at the Aisha Masjid Mosque in Earley.
- The Health on the Move van would be halted for October and November. It was owned by Oxford Health which also managed the Schools Immunisation Teams. Some of the School Immunisation Team had been part of the Health on the Move van delivery unit and had been recalled to undertake vaccines in schools in Oxfordshire. The Executive Member requested a discussion on what could be done to increase the number of vaccinations in the Borough during that period.
- The Committee queried how data was collected and how this data shaped the design. Members were informed that the actual delivery rate was closely monitored. The system used could provide information down to an individual ward. This helped to highlight areas with a slower uptake, where messages needed to be targeted, and also helped to shape the schedule of the Health on the Move van.
- The Executive Member referred to some notable successes that the Council had had in working with the CCG. He referred to the 4,000 people vaccinated within 2 weeks at the pop clinic at Bulmershe Leisure Centre, following a surge in cases.
- Wokingham had wanted to see an additional pop-up clinic whilst the CCG had focused more on the Health on the Move van. The Executive Member stated that the Council would welcome working more collaboratively with the CCG on planning, operation, and communication.
- The focus for the Council currently was the second vaccination for the under 40's, supporting the booster programme for the health and social care work force and the roll out in schools.
- In response to a Member question regarding the pressure on GP practices and the ability to deliver the vaccinations in addition to core services, the Executive Member commented that demand for GP services was much higher than pre Covid. He was of the opinion that the majority of practices in the Borough would be able to cope with the additional demand but that he had some concerns regarding the ability of some practices to deliver, which the CCG were aware of. Members were again assured that the practices' ability to maintain core services would be monitored.
- The Committee discussed face to face GP appointments.
- Members were informed that the local authorities would lead the communications on vaccinations, going forwards.
- Ingrid Slade, Consultant in Public Health, outlined the role of Council Officers within the vaccine programme. She worked closely with Matt Pope, Director Adult Services. Officers provided a support role, acting as a bridge between residents and the CCG.
- There had been some confusion amongst residents particularly around where to access a second dose. A helpline had been established so that residents could ask

questions about vaccinations. This helped to identify issues which could then be fed back into the system and addressed.

- Support would be provided to schools on the roll out of the vaccination of 12-15 year olds. A Children's Services Task Force had been established as part of the Covid response. One of its roles was to monitor the number of cases within schools. Members were informed that over the next 4-6 weeks the Covid marshals would be patrolling the key walking routes to the schools and removing any anti vaccine information found.
- Care home staff would be supported. Ingrid Slade reminded Members that not all health and social care staff worked within care homes.
- There was still work to be undertaken to maximise the uptake of vaccines, particularly with the harder to reach communities and the under 40's. Some concerns and vaccine hesitancy amongst young women hoping to shortly start a family, had also been identified.
- Data driven evaluation was helping to identify demand and capacity across the Borough.
- A Member asked if continuous high levels of stress on officers within the Council, health and social care and the voluntary sector were anticipated, should Covid be considered 'the new normal', and if so, how it would be addressed. Ingrid Slade commented that officers had risen to the challenge, but that Members were right to question how long this could be sustained. Additional funding had helped alleviate some pressure, but this would be ceasing in March. The situation would need to be monitored. Katie Summers referred to training offered to NHS staff which focused on supporting mental wellbeing.
- The Executive Member praised the lead officers and external partners who he felt had gone above and beyond in the response to the pandemic.

RESOLVED: That

1) the Covid Vaccination update be noted.

2) Katie Summers, Ingrid Slade and Councillor Charles Margetts be thanked for their presentations.

MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 29 SEPTEMBER 2021 FROM 7.00 PM TO 9.15 PM

Committee Members Present
Councillors: Alison Swaddle (Chairman), Jackie Rance (Vice-Chairman), Jenny Cheng, Michael Firmager, Clive Jones, Adrian Mather, Tahir Maher, Barrie Patman and Norman Jorgensen (substituting Sam Akhtar)

Others Present
Nick Durman, Healthwatch Wokingham
Charles Margetts, Executive Member Health, Wellbeing and Adult Services
Matt Pope, Director Adult Services
Jim Stockley, Healthwatch Wokingham
Madeleine Shopland, Democratic & Electoral Services Specialist
David Birch, Chief Executive Officer, Optalis
Hugh O'Keefe, Senior Commissioning Manager Dental, NHS England and NHS Improvement – South East

25. APOLOGIES
Apologies for absence were submitted from Councillors Sam Akhtar and Carl Doran.

26. MINUTES OF PREVIOUS MEETING
The Minutes of the meeting of the Committee held on 12 July 2021 were confirmed as a correct record and signed by the Chairman.

Councillor Jones questioned whether the individual councillor who had asked a question could be referenced. The Chairman indicated that the current approach had been agreed by the Overview and Scrutiny Management Committee. Councillor Jones suggested that other councillors such as Executive Members be referenced by their title. The matter was referred to the Overview and Scrutiny Management Committee.

27. DECLARATION OF INTEREST
There were no declarations of interest.

28. PUBLIC QUESTION TIME
There were no public questions.

29. MEMBER QUESTION TIME
There were no Member questions.

30. ACCESS TO NHS DENTAL SERVICES IN WOKINGHAM BOROUGH
The Committee received an update on access to NHS Dental Services in Wokingham Borough from Hugh O'Keeffe, Senior Commissioning Manager Dental, NHS England and NHS Improvement – South East.

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

- Access remained a challenge and services had been operating at below full capacity because of the pandemic. This related largely to the safety issues involved in the provision of dental services, which slowed down the rate at which patients could be treated.

- Practices were continuing to prioritise patients within the existing available capacity. The key criteria used was urgency (pain, swelling and breathing), incomplete care plans and those with more frequent recall requirements, such as children, high oral disease risk and wider health issues. Practices were working within a national standard operating procedure
- Worse oral health was starting to be seen with more people requiring longer treatment plans or admittance into hospital.
- Net capacity was increasing, and it was hoped that it would increase further from October.
- Members were reminded that people were not registered with a dental practice. It was often those who did not have an established relationship with a practice who had found accessing dental services more difficult during the pandemic.
- Hugh O'Keeffe outlined some of the schemes in place to support those who were having difficulties accessing services. Additional access sessions were commissioned from several practices on a voluntary basis – 13 in BOB, 3 of which were in the Borough. Further provision was always being sought. There was also advice about accessing services, available via NHS 111 and the NHS.UK website.
- A decision had been taken to invest significantly in referral services, particularly non hospital specialised dental services based in the community such as special care and paediatrics and out of hospital oral surgery. This was to help reduce the waitlists for these services.
- There had been a 3 month reduction in patients waiting more than 52 weeks for hospital services, although this area was likely to remain a challenge going forwards.
- A pilot scheme was being run to support access for Looked After Children.
- There was a backlog in the dental system, which was likely to remain for some time, but it was hoped that the aforementioned schemes would help to make significant inroads over the next 12-18 months.
- A Member asked what percentage of Wokingham Borough residents regularly attended a dentist, and also how many practices there were in the Borough. Hugh O'Keeffe agreed to circulate this information following the meeting.
- In response to a Member question regarding decreasing waitlists at the Royal Berkshire Hospital, Hugh O'Keeffe commented that the focus had been on those waiting the longest for services, and additional sessions had been run. In addition, the Royal Berkshire Hospital did not admit oral and maxillofacial surgery patients, so the service did not face the same pressure on hospital beds as those that did admit.
- Dentists were paid on the activity delivered. 60% was the minimum threshold applied for the period 1st April – 30th September 2021, and if any less was delivered at the end of the period, then financial recovery would take place. Dentists were currently reporting that the high demand for urgent care meant that a relatively low proportion of work was routine. Urgent cases generally took longer to treat and achieving the target was challenging. The rate at which patients could be treated was slower than pre pandemic because of the additional safety requirements.
- In response to Member questions regarding patient ratios, contract allocations and how much was spent on NHS dentistry in the Borough, Hugh O'Keeffe commented that investment was focused on additional sessions to ensure greater capacity in the system. Members were informed that there had been some investment within the Borough in the last decade, with newer practices in Earley and Finchampstead.
- The Committee discussed the forthcoming Integrated Care System and the possible role of dentistry within this.

- Nick Durman spoke of a resident who had had a broken filling and had tried 10 different practices for assistance, without success. Hugh O'Keeffe stated that practices would undertake an urgency assessment. Additional access providers might be able to assist in such instances but only if they had sufficient capacity.
- A Member questioned how frequently information provided to NHS 111 was updated. The Committee felt that communication around the availability of additional capacity in the system could be improved.
- In response to a Member question regarding resilience, Hugh O'Keefe again referred to the additional access sessions.
- Members were assured that no practice had had to close for some time due to staff isolating because of Covid. A Member asked about staff vaccination levels and was informed that the individual practices would hold this information.
- Members asked how it would be ensured that there was adequate dental provision given the increasing population within the Borough.
- A Member questioned the frequency that residents should be seeking a dental check-up and was informed that the frequency related to the individual's general oral health. Typically, those who were older or with poorer oral health, had to visit more frequently.
- Members questioned whether some private appointments could be converted to NHS appointments and was informed that consideration was being given as to how this could be achieved in the short term, in a way which was financially robust.

RESOLVED: That

1) the update on access to NHS Dental Services in Wokingham Borough be noted.

2) Hugh O'Keeffe be thanked for his presentation.

31. OPTALIS PERFORMANCE UPDATE

David Birch, Chief Executive Officer Optalis and Matt Pope, Director Adult Services, provided a presentation on the performance of Optalis.

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

- David Birch outlined the services provided by Optalis.
- With regards to operational performance, maintaining operational standards through the pandemic had been a challenge, which staff had met well. A good review of the START service had recently been received from the CQC.
- Members were informed that Optalis were now halfway through a two-year programme designed to deliver efficiency savings for the Council, in line with the Council's Adult Social Care strategy. Optalis had been able to return £578k to the Council in 2020/21 and despite the impact of the pandemic, the programme remained on track to deliver a further £400k of savings in 2021/22.
- Optalis was starting to grow its services in Wokingham Borough, including launching a new independent living service at Gorrick Square in Wokingham.
- David Birch highlighted the success of the Supported Employment service.
- Members were pleased to note that over the last 18 months, Optalis had not lost a single customer or member of staff to a Covid infection picked up in its services.
- Optalis had supported the surge testing efforts in June, helping to deliver test kits in target areas, and providing the Trinity Court offices to the testing team.

- As a result of the pandemic, day services offered had had to be restricted. Wherever possible, alternative support had been provided.
- David Birch went on to highlight lessons learnt from the pandemic. Staff had coped well with new ways of working and had been flexible. The pandemic highlighted opportunities to do things differently. In addition, the pandemic had emphasised the importance of organisations working together for the benefit of residents.
- The Committee was informed that in line with the Council's Market Management approach, planning was well-advanced for Optalis to take on at least 10 new and existing services in the Borough, covering a wide variety of different care needs. This expansion was underpinned by investment in a new Peripatetic Team, which gave Optalis the capacity to transfer and initiate new services successfully when required by the Council.
- Members were informed of the Ability Travel service, which helped customers to gain higher levels of independence and confidence on public transport through skills training. Projected savings over the next 5 years for adult social care transportation costs, were estimated at between £400k and £500k. A Member questioned whether the voluntary sector played a partnership role in this service and was informed that this would be welcome, as public transport did not go to all areas. Nick Durman indicated that Healthwatch Wokingham Borough had received positive feedback about the service.
- Capacity and productivity enhancements were planned for the START reablement team.
- The Out & About service was consistently oversubscribed. Optalis was now investing to expand this service. A reduced service had been maintained during the pandemic.
- Optalis was working with the Council's commercial advisers to develop a range of additional opportunities for income generation for the Council. It was also evaluating options for setting up a Community Interest Company which would allow it to work more closely with the local voluntary and charitable sector in the Borough, as well as providing access to external sources of funding.
- In response to a Member question, David Birch commented that the current most difficult challenge was resourcing. The recruitment and retention of staff was important. Optalis' workforce would need to nearly double should all initiatives be put into place. Optalis had a Resourcing Manager who would go into school and job centres amongst other places, to highlight the benefits of working in the care industry.
- Members questioned how Optalis could deliver savings without compromising on the service provided. David Birch emphasised the importance of margins and identifying where savings could be made without services being compromised. He indicated that Optalis had merged some management roles, made some changes with regards to insurance and had stopped using a consultant.
- The Committee asked about the relationship with the Royal Borough of Windsor and Maidenhead Council (RBWM) and ensuring a good deal for Wokingham Borough. David Birch commented that building trust on all sides and transparency was important. Matt Pope stated that there had been some work with RBWM over the last 18 months over who paid for what. He was comfortable with the current position. The Executive Member added that historically the aim of Optalis had been to grow quickly. There had been a change in strategy 2 years ago, with a focus on a better run company with a better service provided.
- Members asked how the relationship with RBWM had changed. The Executive Member responded that RBWM had initially focused on growing Optalis. The

Council had wanted a more focus service. The councils' focuses were now more aligned, and they were working well as partners.

- Members asked about the potential new services. Matt Pope indicated that the Council had secured and renovated a number of properties across the Borough for people with Learning Disabilities. Optalis would provide support in these services.
- Members questioned whether they would hear more about income generation during the Budget setting process. It was confirmed that they would. A Member referred to the benefits of dementia cafes. David Birch commented that Optalis had commissioned research from the Council's commercial advisor about where Optalis might be able to provide additional income and additional jobs for those being trained through the Supported Employment Service. Cafes, horticulture, and corporate cleaning had been some of the areas considered. Matt Pope added that Members would be kept updated regarding future services. With regards to dementia, a sub group of the Wellbeing Board was looking at the establishment of a dementia alliance.
- Members questioned what criteria was used to prioritise services provided and were informed that safety of the service for residents was integral.
- Any efficiencies made were strategically reinvested to help ensure value for money was delivered.
- David Birch indicated that when he had been interviewed for his position, stakeholders had participated in the interview process.

RESOLVED: That

1) the update on Optalis' performance be noted.

2) David Birch and Matt Pope be thanked for their presentation.

32. KEY PERFORMANCE INDICATORS Q1 2021/22

Matt Pope, Director Adult Services, took the Committee through the relevant Key Performance Indicators for Q1 2021/22.

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

- In response to a question as whether the stretch targets were realistic and achievable, Matt Pope responded that it was his ambition for the department to a top performer, so targets were set deliberately as stretch targets. Benchmarking data and direction of performance were considered. Achievability had been affected by Covid and demand had increased. There had also had to be a focus on safety and infection control. He was confident that targets were difficult but achievable.
- AS4 – Safeguarding timelines – how had this target been achieved and was it sustainable? Matt Pope commented this had been an area of focus when he had become Director and some immediate changes had been made. A dedicated Safeguarding team had been put in place and significant progress had been made on addressing concerns.
- ASC 9 – Permanent admissions to residential and nursing care homes per 100k population – how was this target achieved? National and local policy was that people be looked after in their own homes where possible. This target fluctuated due to the differing needs of residents. A Member questioned whether there was an element of seasonality and was informed that there was, but that Covid was the main reason for fluctuations. There had been a change in national policy regarding

hospital discharge and there had been periods where there had been some double counting, which had now been evened out.

- The Chairman reminded the Committee that the Key Performance Indicators would be presented at each meeting, and asked that should Members have any technical questions on the reports, that they send them to the clerk prior to the meeting, so that these could be provided to Officers.

RESOLVED: That the KPI's for Q1 2021/22 be noted.

33. HEALTHWATCH WOKINGHAM BOROUGH UPDATE

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

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

- Members questioned whether Healthwatch had seen an improvement in health services in the last quarter or whether they felt that some were still facing issues. Nick Durman stated that many were still having difficulties. Access to dental care and increasingly access to GP services, were some of the main issues of concern to residents that Healthwatch had heard about via various means. Healthwatch were aware that the GP surgeries were under severe pressure. Many people who had had medical issues at the peak of the pandemic had put off contacting GPs. Demand and call levels had increased. Nick Durman went on to express concern regarding those who were extremely vulnerable or who were not proficient with technology. He was concerned that if they found it difficult to contact their surgery they may give up, and potentially become sicker. He questioned what short term measures would be put in place to relieve this.
- Nick Durman referred to the most recent GP Patient Survey. In terms of satisfaction several local GP surgeries were at the top and some were at the bottom for the Berkshire West practices. He had contacted the CCG asking what they would do with the results and what had been learned from the best performing practices which could help those performing less well, to improve, but had not yet received a response. The Executive Member added that he had written to James Kent, Head of the CCG asking for the improvement plans for the four GP surgeries in the bottom quartile. The CCG were planning to commission additional GP practice appointments to increase capacity to March 2022, a pilot of hospital emergency departments booking patients into GP appointments who attended with problems would be carried out, in person booking of appointments enabled, more face to face appointments made available, a community pharmacy consultation service made available and an audit of GP practice phone messages carried out. It was not clear how and when this would be undertaken and when residents would see a difference.
- One of the practices had put in a dedicated carers phone line. Nick Durman questioned why other practices could not do something similar.
- The Committee referred to the pie charts within the What Matters Most report, which related to responders' views on particular health services that they had used during the pandemic. Members asked who the results were shared with and were informed that they were shared with the relevant service providers. Key issues which had come out of the What Matters Most survey closely matched the five priorities of the Health and Wellbeing Strategy.
- From next month Healthwatch would be running a GP access survey. GP practice staff would also be invited to give their views on the issues that they faced and what

solutions they could possibly see. There was a possible communication piece as not all residents might understand the pressures that the practices faced.

- Members expressed concern that 33% of responders had felt that the maternity services were poor and the other 67% had considered it adequate. Nick Durman indicated that a recent CQC report had indicated that the quality of maternity services varied across the country. Jim Stockley added that maternity services in some other Boroughs had suffered with staffing levels, which created additional pressure. It was suggested that the Committee received an update on local maternity services at a future meeting.
- Nick Durman suggested that the Committee request an update on the continence service provided by Berkshire Healthcare Foundation Trust. Healthwatch were hearing of an 8-week waiting list for this service, from residents, Age UK Berkshire, the LINK Visiting Scheme and Dementia Coordinators.
- Members expressed concern regarding residents' views on mental health services, in particular children's mental health services. In response to a question regarding the age of responders, Nick Durman indicated that Healthwatch did ask the age of responders in the survey but not everyone had provided an answer. Healthwatch were part of Wellbeing Board subgroups which were working to address specific priorities including mental health. The Executive Member referred to a number of mental health initiatives, including the Mind service. Lots of work was being undertaken regarding mental health in schools.
- The Chairman proposed that the Children's Services Overview and Scrutiny Committee be invited to the Committee meeting at which mental health was being discussed.
- The Executive Member suggested that if the Committee wished to look at the progress of the Mind service, they do so in 12- or 18-months' time to give the service time to bed in.
- Members noted that 126 people had completed the Healthwatch survey and questioned whether people were more likely to respond to a consultation if they were unhappy with services. Nick Durman indicated that Healthwatch received both negative and positive feedback from residents.
- With regards to Wokingham Medical Centre, Members questioned whether feedback had improved following a change in management. Nick Durman commented that feedback received was still largely negative. The surgery had now been rated 'Good' by the CQC following its most recent inspection.
- The Committee thanked Healthwatch for their valuable signposting work over the pandemic.

RESOLVED: That

1) the update from Healthwatch Wokingham Borough be noted.

2) Nick Durman and Jim Stockley be thanked for their presentation.

34. PUBLIC TOILET PROVISION

This item was deferred.

35. FORWARD PROGRAMME 2021-22

The Committee considered the forward programme.

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

- It was agreed that the further update from Optalis be deferred to the Committee's January meeting.
- It was suggested that the item on mental health be moved to the Committee's March meeting to allow the update to also include the Mind service. Members of the Children's Services Overview and Scrutiny Committee would also be invited to participate in this item.
- The Committee would request an update on maternity services for the January meeting.
- Members agreed to defer the report on public toilet provision to the January meeting. Members asked that representatives from the Chron's and Colitis Society also be invited for this item.
- The Committee would request an update on the continence service provided by Berkshire Healthcare Foundation Trust, for its January meeting. Nick Durman commented that it would be good to see whether the rapid response that was being put in place would reduce the current 8 week wait list.
- The Key Performance Indicators would be considered at each meeting.

RESOLVED: That the forward programme be noted.

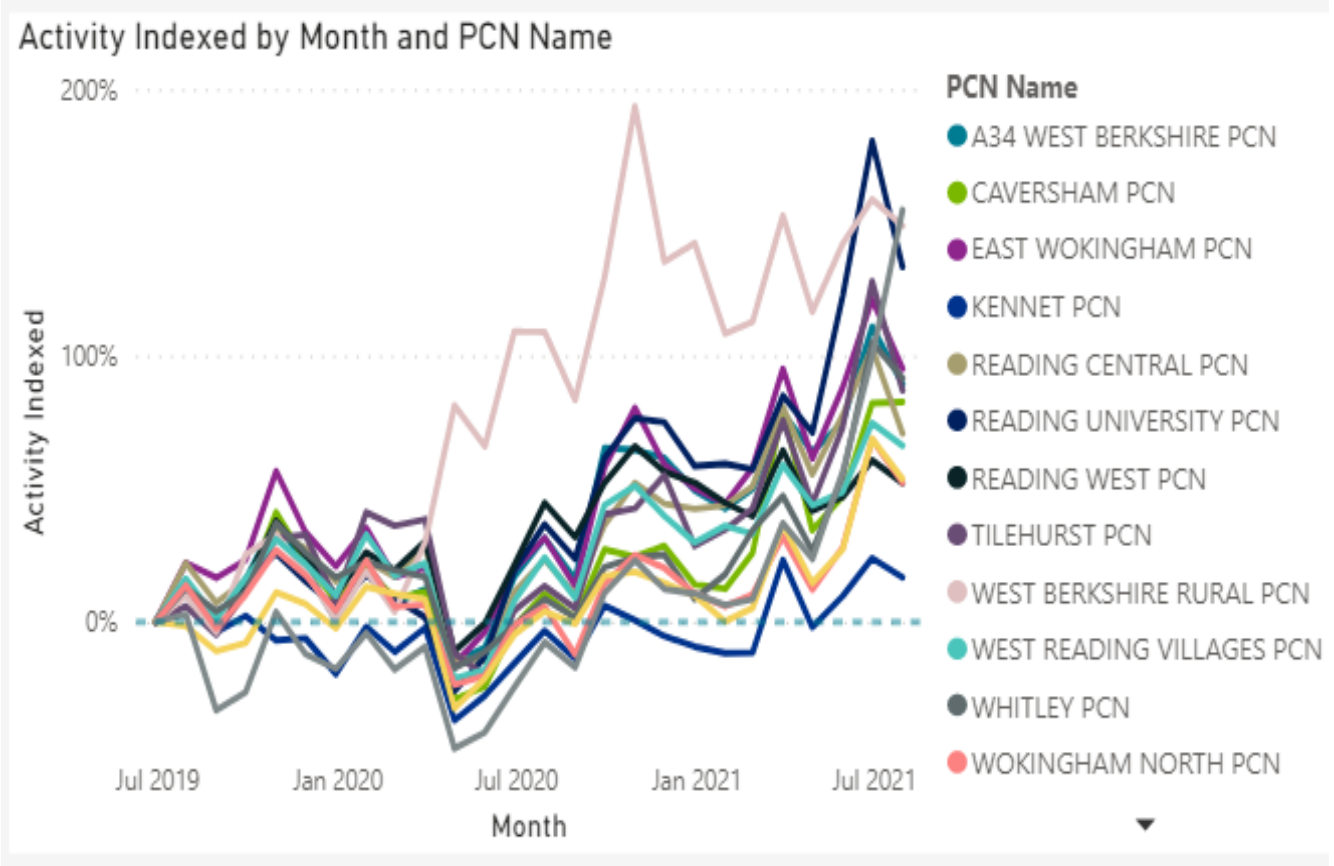
NHS
Berkshire West
Clinical Commissioning Group

Impact of Covid-19 on Primary Care

Wokingham Health Overview and Scrutiny Committee 8 November 2021

Impact of Covid-19 on Primary Care

- Demand has increased with the easing of restrictions across the health system, including primary care.
- Pressure linked to backlog in demand and extra secondary care work, i.e. blood tests, starting medications, follow up of problems
- The chart below shows the change in appointment activity overtime from July 2019 (pre-pandemic) to July 2021



Impact of Covid-19 on Primary Care

% Change in Activity per month now versus month 0

PCN Name	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	Total
WOKINGHAM WEST PCN	79%	106%	263%	181%	220%	218%	167%	60%	52%	40%	**155%**
WEST BERKSHIRE RURAL PCN	59%	132%	90%	98%	115%	187%	202%	203%	157%	92%	**149%**
READING UNIVERSITY PCN	98%	118%	127%	160%	159%	152%	126%	110%	86%	40%	**133%**
EAST WOKINGHAM PCN	57%	77%	112%	96%	106%	124%	111%	89%	75%	71%	**95%**
WHITLEY PCN	57%	60%	126%	100%	97%	91%	109%	75%	59%	129%	**92%**
A34 WEST BERKSHIRE PCN	73%	113%	81%	80%	95%	121%	117%	74%	57%	39%	**89%**
TILEHURST PCN	55%	92%	75%	91%	100%	88%	88%	108%	78%	77%	**87%**
CAVERSHAM PCN	82%	102%	117%	88%	88%	92%	86%	72%	56%	18%	**83%**
READING CENTRAL PCN	84%	72%	131%	79%	48%	64%	65%	48%	39%	-8%	**71%**
WEST READING VILLAGES PCN	53%	62%	71%	91%	65%	75%	63%	72%	43%	47%	**66%**
WOKINGHAM SOUTH PCN	50%	33%	51%	62%	63%	53%	68%	56%	34%	19%	**54%**
WOKINGHAM NORTH PCN	40%	34%	81%	61%	65%	58%	49%	49%	38%	17%	**52%**
READING WEST PCN	59%	60%	71%	52%	59%	44%	58%	47%	32%	31%	**52%**
KENNET PCN	36%	-28%	25%	28%	21%	22%	24%	16%	6%	-0%	**17%**
Total	**60%**	**57%**	**99%**	**87%**	**86%**	**85%**	**81%**	**65%**	**48%**	**39%**	**76%**

- Percentage increase in consultation activity across PCNs varied during Jul19 –Jul21 - ranging from 17% - 155% increase.
- Across Berkshire West there has been a 76% increase in consultations in their various forms

Impact of Covid-19 on Primary Care

- Face2face / telephone consultation data shows a decline in these types of contacts in some PCNs, although a 5% increase overall.
- Decline likely consequence of national SOP changes at start of pandemic introducing total triage model that ensued GP services were sustainable and safe.

% Change in Activity per month now versus month 0

PCN Name	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	Total
WEST BERKSHIRE RURAL PCN	17%	35%	10%	7%	5%	29%	36%	51%	67%	61%	**31%**
WEST READING VILLAGES PCN	15%	24%	22%	29%	15%	26%	15%	31%	23%	37%	**23%**
CAVERSHAM PCN	27%	20%	35%	24%	17%	23%	20%	16%	25%	4%	**21%**
READING UNIVERSITY PCN	20%	31%	14%	15%	22%	29%	22%	32%	35%	26%	**21%**
TILEHURST PCN	14%	28%	10%	17%	21%	12%	9%	28%	18%	40%	**17%**
EAST WOKINGHAM PCN	10%	5%	17%	8%	11%	15%	17%	15%	36%	33%	**16%**
READING CENTRAL PCN	42%	22%	46%	16%	0%	11%	9%	6%	12%	-14%	**16%**
A34 WEST BERKSHIRE PCN	8%	22%	6%	5%	5%	16%	31%	17%	27%	25%	**15%**
READING WEST PCN	17%	2%	14%	2%	3%	-10%	4%	5%	7%	7%	**4%**
WOKINGHAM NORTH PCN	-6%	-11%	9%	-7%	1%	0%	-6%	1%	7%	1%	**-1%**
WOKINGHAM SOUTH PCN	1%	-6%	-10%	-5%	-7%	-8%	1%	6%	7%	6%	**-2%**
WHITLEY PCN	-15%	-8%	-3%	-1%	-8%	-9%	1%	-8%	3%	83%	**-4%**
WOKINGHAM WEST PCN	-12%	-21%	-2%	-16%	-18%	-23%	-18%	-21%	-6%	0%	**-16%**
KENNET PCN	-13%	-54%	-26%	-27%	-29%	-30%	-26%	-20%	-14%	-15%	**-27%**
Total	**7%**	**-3%**	**9%**	**4%**	**1%**	**2%**	**4%**	**8%**	**14%**	**18%**	**5%**

Impact of Covid-19 on Primary Care cont.

- Activity may not reflect true demand/activity, i.e. online requests (emails, practice website requests, text consultations) which have become vital tools in communication / consulting with patients although there has been a national drive to map all appointment types and improved data is expected

- Face2face consultations taking longer due to Covid infection control measures (donning / doffing PPE, social distancing, cleaning processes)

- Despite some patients wishing to return to face2face consultations the new, flexible ways of consulting have been appreciated / taken up by many including those who prefer not to attend the surgery for work or health reasons unless it is necessary for them to do so

- Housebound patients and those with transport difficulties have more access than before

- Likely to see continued mixed model going forward but with greater emphasis on offering face2face in response to patient preference as well as clinical need

Recovery

Recovery plans:

- Step down of Respiratory Hub arrangements with all patients now managed within practices - Hub closed end of Mar21. Suspected Covid pts. now seen by practice, safe hot / cold streaming arrangements established.

- Further work to embed new models of access to primary care and support patients to engage with these - Being addressed through digital inclusion programme and comms campaign, including introduction of digital champions to support all groups in accessing care.

- Planning for next phase of covid vaccination programme

Recovery cont.

- Backlog of routine appointments addressed and focus on ensuring chronic diseases are appropriately managed - Funding made available to increase GP capacity, oximetry @home arrangements, long COVID management, clinically extremely vulnerable patient management, chronic disease management, routine vaccinations and immunisations and health checks for learning disability patients

- Improvements seen in routine vaccinations and immunisations / screening rates – improvements rates seen, continuing to be monitored /supported

- Focussed work to support vulnerable patients / address inequalities e.g. increase in learning disability health checks and physical health checks for patients with severe mental illness – Funding detailed above has supported, 67% Learning Disabilities Health Check target achieved

Continued work addressing Primary Care Demand

- System-wide workshop held in May to agree remedial actions

- Key Primary Care remedial actions:
  - Building intelligence about activity in primary care, including predictive modelling
  - 111 call handlers now able to book into primary care
  - Standardised telephone message for GP Practices
  - Maximising GP call handling / workflow management capabilities
  - Additional 170 appointments per day being commissioned to increase capacity until end of March 2022
  - Piloting how RBFT's Emergency Department can book patients into GP appointments
  - Practices now have 'front doors' open so patients can book in person
  - Establishing a Community Pharmacy Consultation Service as an alternative to the GP practice
  - Exploring the potential to enhance the telephony systems used by GP Practices
  - Taking part in the Additional Roles Reimbursement Scheme to create bespoke multi-disciplinary teams

NHS
Berkshire West
Clinical Commissioning Group

Why are GP Practices still working differently?

If the Pandemic is over why aren't GP practices open?

The pandemic is not over. GP practices worked hard to provide a service throughout lockdown and continue to do so. To protect everyone, we must maintain safe infection control and minimise unnecessary physical contact.

How are practices working now?

Most appointments are being triaged. This helps keep you safe and makes sure the people with the greatest need are contacted first. We will see everyone in person who needs to be seen that way.

Where else can I get help?

Visit www.nhs.uk for advice on common symptoms and a list of local services or speak to your community pharmacist first for advice on minor illnesses.
Find your nearest:
nhs.uk/service-search/find-a-pharmacy/

Why do receptionists ask personal questions?

GP reception staff are a vital part of the health care team and ask questions to direct you to the best support. They are supported by the highly trained clinical teams and are skilled in assisting with triage. They also work to strict codes of patient confidentiality.

I wanted to see my GP, so why am I seeing someone else?

Many GP practices now include a range of professionals (e.g. physician associates, pharmacists, paramedics, advanced nurse practitioners) who can diagnose and treat health conditions. This ensures that you see the right person at the right time more quickly.

What is triage?

You will be assessed to decide who needs:

- to be seen in person
- a phone consultation
- a video consultation
- help from a community pharmacy.

What about emergencies

Always dial 999 in a life-threatening emergency. If you need help with minor injuries at any time or urgent care when your GP practice or community pharmacy is closed visit 111.nhs.uk or **dial 111** if you do not have internet access.

Please be patient

Our health services are under enormous pressure- local GP's are seeing 30% rise in demand-but we are open and here if needed. Our GP's still run an out of hours service for emergencies. You can help us and help yourself by making sure you get the right care, in the right place, at the right time appropriate for your needs. Staff should be treated with respect and consideration at all times, so please continue to be kind to our staff, socially distance where possible and wear a face mask in healthcare settings.

Together we can choose well

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Berkshire, Buckinghamshire & Oxfordshire LMCs

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Chief Executives Dr Matt Mayer & Dr Richard Wood
Chair Dr Simon Ruffle

[local MP]

20 September 2021

Dear

Remote Consultations in General Practice

I am writing to you on behalf of GP practices in Berkshire, Buckinghamshire, and Oxfordshire (BBO) to provide you with facts that will enable your informed discussions about the role of telephone consultations in General Practice, the wider issues of access that are so publicly being raised, and to ask for your support in countering the anti-GP sentiment being expressed by some aspects of the media and public forums.

Whilst 56% of all general practice appointments are face-to-face (F2F)[i], and most GPs prefer F2F consulting, the advantages of a hybrid model that includes remote consulting – such as telephone or video calls – are considerable for improved access and safety in the context of massive demand. Local audit shows the average telephone consultation takes eight minutes; the average face-to-face for the same problem takes 14 minutes. The efficiency saving means more people have their health needs met. Telephone call lists of patients who have let our call handlers know what they wish to consult about allows clinicians to triage, identifying those who are most sick to be attended to first, with time freed up to see them F2F if necessary. It identifies those whose symptoms may be a risk to others (through any contagious respiratory illness) and allows practices to ensure they are attended to safely by dedicated means before the harm is done. Meanwhile, those waiting for a call can get on with their day – something many patients value. It also protects the productivity of the organisations where they work and reduces unnecessary travel. Forty-five percent of all appointments in general practice are booked and attended to the same day[ii]. Practices who use predominantly an on-the-day booking system have eradicated the three-week wait times for appointments that impaired access pre-pandemic. At the beginning of the pandemic General Practice changed overnight to ensure patient access was protected and safe. We note some hospital departments, such as routine ENT and cataracts clinics at the Oxford University Hospitals NHS Foundation Trust, remain closed 18-months on. The unmet need from closed or over-burdened hospital services is carried by General Practice in addition to its own pressures. Most hospital clinics consult remotely.

There have always been legitimate questions to be asked about the relative safety-profiles of different modes of consulting, and this has been a focus of GP training even pre-pandemic. They are not a panacea. But answers must be driven by data, not anecdote. Informed opinions must consider the current demand, the increased efficiency and triage through remote consulting, the profiles of the populations those practices serve, the types of issues being consulted for, and the input from practice *patient participation groups*. Remote consultations were a central tenent of the NHS Long Term Plan for "fast access to convenient primary care" pre-pandemic [iii], were heavily promoted by a previous health secretaries[iv], and heavily invested in by NHS England[v].

Local audit of a city practice in 2014 showed that for every four hours of contracted opening time, the average clinician spent 6 hours 40 minutes logged into the medical records system. The range was 5 hours 10 minutes to 7 hours 40 minutes. These times did not capture the significant work done outside of the medical records. There is no resource for paid overtime. Local GPs are saying that the current workload is "the worst it has ever been". One local network of practices reports a 95% increase in consultations this summer compared to summer 2019. GPs contracted to work full-time often drop their sessional commitments simply to fit the work into sustainable hours and avoid burn-out. Average burnout scores among GPs are higher than those for any other medical specialty other than emergency medicine[vi]. 'Part time working' does little justice to the reality.

GP numbers are falling whilst our population grows. Permanent, qualified GP numbers dropped 6.8% between Jan 2016 and March 2021[vii]. In 2014, the average list size for a full time GP was 1,600 patients[viii]. Published data shows that for every patient above a list size of 2000 there is deterioration in objective measures of patient health[ix]. Our own local research shows that the average list size across BBO is 2,745. The increased investment into recruiting allied health professionals into the GP workforce – such as paramedics, physiotherapists, or pharmacists - is welcomed. However, much of their time is usually tied to NHSE-specified deliverables or ear-marked for services not historically delivered by General Practice. Though noble aims, this takes them away from meeting the overwhelming "core" service demand of seeing those who are, or believe themselves to be, unwell. It is *core* funding that we need investment in. 81% of all clinical contacts are currently with a GP.

The BMA estimates that a safe GP workload is 25 contacts per day if they are simple problems, and 15 per day if complex[x]. The average GP in BBO has 32 clinical contacts per day. Some practices are reporting an average of 56. Individuals have reported 70 on a bad day. This does not include delivering the covid vaccination programme (*circa* 80% of all covid vaccines have been delivered by General Practice). Clinical contacts accounts for only 21% of the medical records entries, the other 79% being letters / results / discussions *etc.* supporting patient care. This requires time outside of consulting. On top of this is the significant additional workload associated with running a practice.

GP partnerships have unlimited liability for the performance of their business. The GP contract necessarily gives practices the autonomy to decide best how to run their services. Media-driven, central command-and-control attempts[xi] to impose arbitrary targets for F2Fs risks undermining important adaptions to massive demand. Propagations of the myth that GPs are not doing enough, or that they are "closed" to F2Fs, has incited abuse against practice staff[xii]. A healthy proportion of remote consultations is now a vital fixture of general practice in some form. I am asking you on behalf of our GPs to counter the anti-GP sentiment that is growing in some areas of the press; publicly condemn the abuse our workforce receives from a small minority; promote informed discussions about how hybrid models of consultation delivery can be optimised for safe and responsive care in the current climate; lobby the government for investment in *core* GP services specifically, and to write to your practices expressing your thanks and support for the hard work they are doing for the needs of our population.

Thank you for your time. I am happy to meet face-to-face or remotely, whichever is your preference, to discuss these issues further.

Yours sincerely

Dr Richard Wood
CEO, Berkshire, Buckinghamshire, and Oxfordshire Local Medical Committees

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[i] https://app.powerbi.com/view?r=eyJrIjoiYzU2OTA2ODktZTIyNy00ODhmLTk1ZGEtOGVlZmRlZDNjYzY3IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9

[ii] https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/july-2021

[iii] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf page 25-56.

[iv] https://www.pulsetoday.co.uk/news/politics/health-secretary-says-babylon-style-gp-model-should-become-available-to-all/

[v] https://www.england.nhs.uk/blog/keeping-up-with-tomorrows-world/

[vi] https://bmjopen.bmj.com/content/10/1/e031765

[vii] https://www.nuffieldtrust.org.uk/nhs-staffing-tracker/general-practice/#general-practice

[viii] https://sheffield-lmc.org.uk/website/IGP217/files/117%20SafeWorkinginGeneralPractice.pdf

[ix] Cited in Van Den Homberg & Campbell (2013). *Is 'practice size' the key to quality of care?* British Journal of General Practice, September 2013; 459-460.

[x] https://www.bma.org.uk/media/1145/workload-control-general-practice-mar2018-1.pdf

[xi] https://hansard.parliament.uk/commons/2021-09-14/debates/DC215883-A118-4E79-B329-3012F3A5F5BD/Covid-19Update#contribution-5AA7E634-A535-468F-BFF7-8E4E159AB4F6

[xii] https://teesvalleyccg.nhs.uk/majority-of-gp-receptionists-face-unprecedented-levels-of-abuse-at-work-new-research-shows/

healthwatch Wokingham Borough

Caring During Covid-19 (DRAFT)

The experiences of unpaid carers in a global pandemic

We asked Wokingham Borough residents who provide support to family and friends for their stories, and asked "What can we learn?"

Published XXXXXX

Contents

Summary

In 2020/21 Healthwatch Wokingham surveyed unpaid carers in the Borough to find out about their experiences of caring during the Covid pandemic. 89 carers completed our questionnaire.

- 2 out of 3 questionnaire respondents didn't know their rights as a carer.
- 30% didn't know what a carer's assessment was.
- 40% weren't registered as a carer with their GP.

Top concerns reported by carers:

- Decline of the person they look after.
- Workload and lack of time out
  - 78% said the number of hours of care they provided had increased.
  - 70% hadn't been able to get regular breaks.
- Carer wellbeing, notably the negative impact on their:
  - mental health (84%) and physical health (62%)
  - family wellbeing (73%)

Other findings

- Carers found it easier to get food and medication during lockdown than carers in other areas- thanks to Wokingham's community response.
- Direct payment recipients reported Council inflexibility and delays.

Introduction

What is Healthwatch?

Healthwatch Wokingham Borough is the independent champion for people who use health and social care services in the Borough. We are here to find out what matters to people and help make sure their views shape the support they receive.

What do we mean by unpaid carer?

> *A carer is anyone....who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction, and cannot cope without their support. The care they give is unpaid.*[i]
>
> NHS England

Covid-19 in the UK: a recap

Covid-19 is an infectious disease caused by a type of coronavirus first identified in December 2019 in Wuhan, China. The World Health Organisation (WHO) declared the outbreak as a pandemic on 11 March 2020. On 16 March 2020 the British Prime Minister announced the first UK restrictions due to Covid-19.

Social distancing rules and other precautions remained in various forms all year. To date, three full national lockdowns have taken place, starting on 26 March 2020, 5 November 2020 and 6 January 2021[ii]. During lockdowns nobody was allowed to leave their homes except for certain permitted purposes such as daily exercise, and care of a vulnerable person. Wokingham Borough also spent ten days in Tier 4 - the strictest non-lockdown restrictions. To date, over 128,000 people in the UK have died with Covid.

1. About the survey

Background and literature review

It is safe to say that the worries, sadness and restrictions of the past year have been difficult for everyone. But Healthwatch Wokingham became aware of some specific effects on a particular cross-section of residents: unpaid carers.

Carers often contact us for information or to give feedback about their loved ones' experience of health and care services. From these contacts we were hearing that:

- existing carers were finding their responsibilities had increased and the pressures were greater.
- other people had taken on caring responsibilities for the first time.

This feedback was corroborated by national surveys. In July 2020, the Office of National Statistics (ONS) reported:

> ***Almost half (48%) of UK adults report providing help or support to someone outside of their household during April 2020. 32% were helping someone who they did not help before the pandemic and 33% reported giving more help to people they helped previously.***
>
> *Coronavirus and the Impact on Caring* - ONS, July 2020

1 in 3 carers in the study reported symptoms of poor mental health compared to 1 in 5 prior to the pandemic.

In its report *Caring Behind Closed Doors: Six Months On,* Carers UK too, reported that of the carers who responded to their online survey (September 2020):

- 81% were providing more care than they did before the pandemic.
- 64% said their mental health had worsened as a result of the pandemic.
- 55% said they were reaching breaking point.

However, these national surveys did not ask carers what support or improvements to services would help them. And, at the time of our review, there had been no local surveys of Wokingham Borough carers in 2020.

What we wanted to find out and why

We want health and care decision-makers to be aware of and accurately address the current and future needs of unpaid carers in the Borough. This required:

- up to date information about the experiences of Wokingham Borough carers.
- feedback about the services and support accessed during the pandemic period.
- carer views about what has helped or would help them.

What we did to find out

Between May-November 2020 we distributed a questionnaire (Appendix 1) and held three focus group sessions. Carers could complete the questionnaire online, or respond by e-mail, phone or via social media.

To explore the questions raised in more detail, we ran three focus groups with members of ASD Family Help and Promise Inclusion (local voluntary sector groups working with families affected by autism and/or learning disabilities including carer support) and Wokingham Young Carers.

13 people participated in the focus groups, and in total we received 92 completed questionnaires.

Limitations of the survey

- The data collected only represents a small proportion of carers: 14,000 people identified themselves as carers in the 2011 Census.
- It only included self-identifying carers: often people providing support to loved ones don't necessarily recognise themselves as 'carers'.
- Focus group participants were also invited to fill out the questionnaire. This means that parent carers are particularly strongly represented.
- To make it easy for busy carers, we had to keep it short. Questions we did not ask included the number of hours they spent caring and whether they cared for more than one person.

2. Who we heard from

A total of 92 people responded to the survey, including carers of adults and carers of children. Not all respondents answered every question.

Of the carers who gave an answer:

- 88% were existing carers and 2% had become carers during the pandemic
- most were from either of two age groups:
  a. the 'sandwich generation' - 35-54 year olds - commonly balancing children and aging parents (34 carers)
  b. elderly carers aged 65 or over (32 carers)
- In addition 20% (17 carers) fell between the two: 55-64 year olds (17 carers). A further 1% were under 18, and 2% aged 25-34.
- 83% identified as female and 16% as male.
- 89% described their ethnicity as White British, White Irish or White Other (in line with the ethnicity profile of the Borough[iii]). 1% described their ethnicity as Asian.
- 34% considered themselves to have an impairment or disability
- 93% described their sexual orientation as heterosexual/straight. Others did not specify.
- 25% were from Winnersh. 19% were from RG40 (Wokingham town centre and East, Finchampstead, Barkham South). 16% were from Earley and 13% from Woodley. Others were from RG2 (7%), RG10 (6%), and RG7 (4%).

Who they care for and why - some examples:

Mrs A's husband was fit and well until he was hit by an episode of severe pain. "I became a carer out of necessity". He was diagnosed with cancer. As another carer said: "You just get on with life, managing uncertainty - you don't abandon your commitment to a partner."

Ms B: "We live together. We were going to get married. He changed, three and a half years ago. He's a young person with dementia. It wasn't a decision".

Carer C's partner spent time in hospital after diagnosis with a mental health condition. When she came home he ended up as a full time carer as "working and caring became too much".

Carer D's father is in his 90s and lives in his own home. He cooks and does his own laundry but no longer drives. Carer D lives nearby and gives support by helping maintain the house, delivering a few meals, and providing transport. "If I didn't do it, who would? I do it willingly".

Carer E -" When my Dad died, Mum moved in with us. She's getting older. It's my duty"

Mrs F - "It took me a long time to consider myself as his carer." For elderly couples it can be a mutual caring relationship, although one partner's support needs may end up overtaking the other's, "We both did our part...and gradually I found it was all up to me."

Carer G - "My son can't look after two autistic children by himself". Several grandparent carers responded to our survey. Becoming a carer can come about when family move in with grandparent/s for support due to illness or relationship breakdown.

Carer H - "I gave birth to a profoundly disabled son with complex needs [over two decades ago]."

Not all carers are family. Carer I became a carer "by default" when the elderly couple he lodged became unwell.

3. Facts & figures

About carer support

Of the carers who responded:

- 60% had registered as a carer with their GP
- 57% said they knew about local carers support groups
- 30% had had a carers assessment.
- **30% said they didn't know what a carers assessment was**
- **2 out of 3 (68%) said they didn't know their rights as a carer**
- **40% weren't registered as a carer with their GP**

About caring in the pandemic

- 78% said the number of hours of care they provide had increased
- 70% hadn't been able to get regular breaks
- 84% said their mental health had been negatively affected
- 73% said that their family wellbeing had suffered
- 62% said their physical health had been negatively affected

4. Caree Decline

We asked carers to tell us what it was like being a carer during the pandemic. One of the most common responses was to describe the impact on the person they look after. This is not a deflection - caree decline negatively affects the carer too in terms of (i) feelings of anxiety and sadness and (ii) increasing their practical workload.

" She normally is [i.e. pre-pandemic] fairly independent, can get to clubs etc a mile away walking. All of her social activities have stopped due to Covid...She has lost all confidence in going out alone with her long cane"

"A noticeable impact on the progress of dementia with regard to my cared-for, due to a lack of external contact/stimulation with others "

There is another type of impact if the person being looked after does not have the cognitive or emotional regulation skills to remember or adapt to the new restrictions. This increases supervision requirements and stress for carers.

"[My] special needs son: unable to fully understand the restrictions...and lacking the capacity to cope with negative feelings. Increased stress impacting on both physical & mental health of self & spouse. "

Several report the onset or worsening of symptoms: e.g. *"Increased fear of my son harming himself"* and *"My daughter is now showing signs of high anxiety"*.

Comments suggested that for many carers the Covid period has brought a new or increased responsibility for maintaining their loved one's mental wellbeing.

"[Cared-for person] is fed up, dependent [on carer] for her own mental health support (has had clinical depression before), needs to go for a daily walk, needs entertaining. She...often tells us we would be better off without her."

And it was more difficult:

"I struggle being the only source of conversation in a world where very little is going on".

Where specified, the consequences of pandemic life blamed for causing decline were:

- less or no social interaction
- fewer activities
- travel and exercise restricted

Three aspects of their wellbeing were mentioned by respondents:

- mental health - including anxiety, self harm, outbursts
- loss of skills - e.g. communication, using mobility aids, social skills.
- withdrawal - reluctance to interact with carer or leave room/house

A small minority of carers, however, reported improvements in the wellbeing of the people they cared for because of the pandemic.

One parent carer was able to toilet train their child during the first lockdown due to uninterrupted time at home together. Another reported that when schooling was conducted at home, their child's mental health improved.

A third carer acknowledged the benefits of hobbies her learning-disabled daughter had taken up at home while external activity groups were shut.

"She has always been a fussy eater. Now she's doing all the cooking and she's eating it too! She redesigned our front garden and planted from seed."

5. Workload & time out

Many carers can't take a break unless someone else looks after their friend or family member. This is particularly common among certain types of carer such as carers of children and people with dementia. Their loved ones may not be safe left on their own due to mental health, cognitive or behavioural issues, or require frequent practical help e.g. lifting/turning, continence care, or mobility.

Some form of time out is essential for all carers in order to run errands, attend medical appointments, catch up on sleep, manage their stress levels, and maintain friendships and interests and in some cases fulfil paid work commitments.

Some carers don't need help to be able to carry out these activities because their caring responsibilities only take a small proportion of their time (e.g. a weekly visit to check Mum is OK). But they too might need cover if they were to fall ill, go on holiday or need hospital treatment.

Being given a break from caring by someone who takes on your responsibilities temporarily is called 'respite'. Respite care might provided by a friend or relative, although the term often refers to access to a service arranged and paid for by the local Council if you are eligible, or paid for privately.

> There are lots of respite care options. They range from getting a volunteer to sit with the person you look after for a few hours, to a short stay in a care home...The person you look after could go to a day care centre. Or, a paid carer could visit them at their home to look after them.
>
> https://www.nhs.uk/conditions/social-care-and-support-guide/support-and-benefits-for-carers/carer-breaks-and-respite-care/

Our carers' stories highlighted the impact the pandemic had had on both formal and informal respite care, together with other indirect forms of respite (such as school attendance) and additional barriers which had prevented many from getting time off from continuous caring during this period.

a. Informal support

"I would love to bundle the kids in the car and drive to my mum in law's. She would look after them. I could sleep. I don't know if I would be stopped on the motorway...or fined".

Government guidelines specify that respite care is a permitted exception to Covid travel and household mixing restrictions[iv].

Yet several carers indicated that the pandemic had curtailed in-person support. One stated: *"Our pre-Covid support was from family members and friends who can no longer visit"*.

This may be due to one or more of the following factors:-

i. Respite care wasn't specifically listed as a permitted exception to lockdown guidance until November 2020.

ii. Even then not all carers may be aware that it was allowed, or that it included informal respite. It was not publicised as much as childcare bubbles.

iii. Some carers may have been aware of the option but chose to avoid it in order to minimise risk of Covid transmission.

iv. Friends and family may not have offered due to similar factors - the Covid risk or not realising it was permitted.

b. Reduced services for carers and carees

Availability of services was reduced, especially in the first few months of the pandemic when, as one carer put it, "Covid stopped everything".

After that, availability and access varied. For instance, Healthwatch Wokingham's mini-audit of availability in Summer 2020 found some day services still closed (e.g. Earley Day Centre and Woodley Day Service) and others open to restricted number of users (e.g. Westmead Day Service and the Acorn Community Centre).

One carer described the precariousness of their situation: "*The day centre was closed during the initial lockdown, opened for a short while and then closed again".*

It is important not to underesimate how hard closures hit carers, particularly those looking after adults and children with the highest support needs, often 24/7. For many, organised services or groups for their loved one had been the only opportunity for them to get a break.

"Tuesday afternoon stroke club closed down so I no longer have the two hour slot each week for 'me' time".

Any services which were accessible were extremely highly-prized.

- "*We have had some respite from Loddon Court which has been wonderful and helped to keep us going*"
- "*Optalis Day Service/Out & About have been lifesaving*"
- "*Bridges [re]opened and I got back some of my respite there. If I hadn't have had that I just wouldn't have coped."*

Positive comments about services are always good - and will be fed back to the services concerned, run by staff who have obviously worked very hard to offer their services during a very difficult year.

However, it should be noted that Healthwatch wants people who use services to feel like, and be treated as, empowered consumers - not grateful recipients who feel lucky to access a service for which they are eligible. *" I felt quite privileged in a way."*

It would be damaging if carers and carees emerging from the pandemic permanently retain the same sense of **indebtedness, powerlessness and vulnerability** which restrictions brought. *"[I] appreciate respite but worry it could stop again at any time".*

Meanwhile rationing of places also risks friction, resentment and a sense of competition - questions were raised by those who saw others accessing services which they or their carees couldn't, e.g. *"There were people who were going, perhaps some who didn't need it as much as others. How did they make that decision?"*

c. School closures

> *" When Covid struck and schools closed ...I found it incredibly hard. I went from being a carer that had respite in the day ...Suddenly everything disappeared."*

Schools in England closed on 20 March 2020. They only fully reopened in September 2020, then closed again on 4 January 2021 for two months. Unless they were offered special places (e.g. children of key workers), children were at home all week. This affected a significant proportion of carers, namely:

- those caring for under-18s with special needs or disabilities
- any carer with school age children (or grandchildren requiring childcare)
- young carers

Parent and grandparent carers told us that, pre-pandemic, the school day had been their respite. "*My caring role is now 24 hours a day* ". Young carers too lost that ring fenced time free of caring responsibilities. *"School was my safe space and that was taken away"*. Other carers had previously relied on child-free school hours to visit other relatives or friends they looked after.

Children were encouraged to continue studying, so parents were expected to home school and/or support remote learning. This could also apply to young carers - one reported she helped with her siblings' studies as well as her own.

> *"It was not just caring 24/7, there was schooling [and] keeping their mental health stable... Mother-in-law also needed care..."*

The impact of school closures upon families across the nation has been widely acknowledged. But for carers it was an extra load on top of other responsibilities they have which other families do not.

As UK lockdown restrictions evolved, more children were allowed to attend otherwise 'closed' schools - including children with an education, health and care plan (EHCP). Parents whose children were allowed to attend school spoke gratefully of the difference it meant.

"In the current lockdown my child has been allowed into school. He wasn't allowed in the first lockdown and the situation became unbearable and unsafe at times."

Several other carers, when we asked what they would like to see changed, suggested allowing their children to attend school during lockdown.

d. Working from home

In March 2020 Britons who could were directed to work from home. Many offices and workplaces closed. Home working advice, gradually eased from mid-May, was reintroduced in September. The proportion of people working from home more than doubled in 2020 during the Covid-19 pandemic[v].

For working carers living in the same household with their caree, being home-based in office hours reduced the time and space they had away from their caring responsibilities.

"Before March [2020] I worked in an office or out and about...[Now] at home I am available....too available."

"I work all my tasks around each other and I have breakfast, lunch and dinner breaks with Mum."

e. No escape outlets

"Many things we'd use are closed or very different, so we literally have nowhere safe to go to get out".

The closures of hospitality outlets, social and leisure facilities and restrictions on travel and outdoor recreation created a particular problem for carers.

For carers who live in the same household as the person they look after, it can be impossible to get a proper break from their responsibilities unless they leave their house. Even if someone else has stepped in to look after their loved one, if this respite is provided at home (rather than at a day centre, for example) it is difficult to 'switch off' while on site and within earshot.

So many carers depend on going to a cafe, gym, or other social/ recreational facility to get time out. They may go out for a meal or to the cinema with their partner for much-needed relationship time.

During lockdowns, such venues were closed. Leaving home in itself was restricted. Even sitting alone in outdoor public spaces wasn't always allowed. One young carer told us "Usually I would go to the park to take my mind off things, but I can't do that now."

Similarly, overnight breaks - particularly important for carers providing night-time care - were impossible in lockdown due to restrictions on travel, and the closure of hotels, bed and breakfast accommodation, campsites and caravan parks.

"I got some [funds for] nights away but it's not been possible....I'm hoping to use them soon. I'm frazzled".

f. Direct payment difficulties

People who have been assessed as needing care and support can opt for the Council to pay the money straight into their bank account so that they (or their parents, if under 16) can arrange this support themselves. Common examples of how they spend the money include:

- care and support at home
- employing a personal assistant
- short breaks and leisure activities

However, as one direct payment recipient explained, *"In lockdown everything you would have spent it on pre lockdown stopped. That's when the problems started."*

For instance, many activities and venues which direct payment recipients use their funding to attend closed during lockdown. Some families stopped using a paid carer (personal assistant) at home due to the Covid risk.

Government guidance *Using Direct Payments During the Coronavirus Outbreak*[vi] acknowledges that 'there may be situations where you need to organise your care and support in different ways as a result of the COVID-19 outbreak'.

The guidelines stress that Councils and direct payment holders should work together "to agree how the....direct payment can be used differently".

However, a number of Wokingham Borough parent carers who manage direct payments told us about difficulties they'd experienced in practice:

- reluctance or delay on the part of Wokingham Borough Council (WBC) in agreeing acceptable alternative uses:

  '*We did manage to get the OK to buy an iPad to go onto Zoom but that took a long time to agree*'

  "*I managed to be able to use some of my son's direct payments to buy an adult sized swing for the garden. It took...three months.*"

- WBC giving incorrect advice, vetoing suggestions:

  "Wokingham said I couldn't use my direct payments to pay for carers or even babysitting. I went through the document with a toothcomb and it didn't say that.. By October they agreed I was right and ...I could have carers in the house."

- WBC informing them they had 'too many' payments unspent which caused stress.

The Government guidance document specifically states that it expects Councils to be as flexible as possible. Council sign-off isn't even always required. In addition, for those who have experienced problems, it emphasises that unspent money should remain available and that it must not threaten future payments or assessments.

The guidance recommends direct payment holders look online to see if their local authority or Clinical Commissioning Group has provided written guidance on how direct payments can be used during the pandemic, as some have e.g. Bracknell Forest. At the time of writing there is no such written advice on the WBC website.

g. Extra self-imposed limitations due to Covid risk avoidance

" We would rather have what we have now than end up on a ventilator. ....Ultimately, we have to keep her safe."

Carer comments showed that carers' concern for protecting their carees and themselves mean that many adopted extra, self-imposed limitations beyond Government or NHS guidance.

Allowing someone into your home to provide a vulnerable person with essential care was always legally permitted, but for many households it was nevertheless a judgement call. One respondent stopped using paid carers in the first lockdown and did everything herself because "I was fearful of anyone coming into the house".

Another carer told us "I chose to shield my adult son at home....this was gruelling but it was my choice....He has profound learning difficulties and epilepsy [but] he isn't officially extremely vulnerable."

Many carers feared becoming ill themselves - "I am....clinically extremely vulnerable so risking anyone caring for [my family member] and passing on to me is not worth the risk". This too reflected concern for the person they look after - "Who would look after him if I was ill?"

It is important that such measures are respected, and not dismissed as over-anxiety or ill-informed misjudgement. Covid-19 is a highly transmissible disease; indoor mixing and close contact are indeed responsible for a significant proportion of cases; and carers are looking after a very vulnerable population. Looking after your caree and keeping them from harm is the purpose of a carer's role.

Finally, everyone's understanding and choices have evolved over the course of the pandemic. Some carers indicated they adjusted initial decisions (e.g.to stop using paid help) to ensure longer-term sustainability. Equally, some 'unnecessary' precautions were later vindicated: e.g. an extra 1.7 million people (e.g. adults with severe learning difficulties) were added to the shielding list in February 2021.

h. Lack of awareness or information

Comments from respondents suggested that not all carers in the Borough are equipped with the knowledge or information about the options open to them e.g.

"It would not be possible to find anyone [to give carer a break]"

"I am not able to get away - it is a 24/7 responsibility."

"No idea where to get help."

"Have no idea how to 'employ' a carer for respite."

Reaching carers with information early in their caring journey and ensuring they have adequate support helps everyone. Regular breaks from caring not only protects a carer's mental and physical health but enables them to continue providing care for longer, and to do so safely.

6. Carer wellbeing

a. Stress

20% of carers used the words 'pressure', 'stress', or 'stressful' or 'pressure' in describing their Covid caring experience.

"Stressful. Caring for two adults both living alone and refusing paid carers and having an autistic child has taken its toll".

Partners and/or families have been affected too:

"It has caused our family to be near breaking point".

b. Exhaustion

"Being an unpaid carer is bad at the best of times but during the pandemic it has been particularly lonely and exhausting with no respite whatsoever".

"Feel like we're swimming through treacle even more than ever"

"I am over 70 years with heart problems and don't feel physically able at time to do everything that is needed"

c. Fear and worry

Many carers described being in a state of fear.

"I was fearful of anyone coming into the house"

"I have developed more anxiety about Covid and people in my family getting it."

d. Exposed vulnerability

Many carers voiced a specific fear: about what would happen to their loved one if they caught Covid-19.

"It was only on my contact that someone from social services came round. [I] wanted to make sure that my husband would be looked after if I fell ill."

One grandparent who shares care with her daughter, both of them clinically extremely vulnerable, wrote "No one able to make emergency plan in event either of us unable to continue caring.

The pandemic opened up general worries about longer-term sustainability and contingency plans:

"It is a worry as you get older. What happens when you're not around anymore? We might be around and need care ourselves."

e. Feeling alone, invisible or forgotten

"I already felt unsupported and alone. Now I feel that even more".

Over 20% of respondents used the term isolated, lonely or alone.

"Carers are the forgotten ones! I had a call at the beginning of the first lockdown and nothing since from children's services."

"No one cared about what unpaid carers do or about us during the pandemic"

Even those whose loved one is receiving support can feel overlooked: *"The focus has been on the needs of my child and not me as a carer. I feel I don't matter."*

f. Despair & desperation

"Just feel that whatever time I have left is ebbing away with not much to look forward to."

"It's a very isolating time leading to desperate families."

"I have been at the end of my tether- when you say "Fine, send me to prison [for breaking Covid rules] - that's 3 meals a day and a good night's sleep.'

g. Devotion and fulfilment

A few carers spoke only positively of their caring experience. They were able to voice some of positive aspects of the experience, and the rewards of being a carer.

"It's family. My privilege to care".

"It's borne of love.

The contrast with more negative feedback may reflect differing circumstances, including part-time as opposed to 24/7 care.

"I am fortunate to live very close to my father and to have the time and resources to help him."

7. What helped carers

Given the high level of pressure on carers, anything which helped sustain them or provide relief during Covid is very important to highlight and share.

Services and support

Services which remained open or re-opened, were highly-valued by carers. Community and voluntary groups have been particularly good at reacting and adapting to the Covid crisis quickly and flexibly. Positive comments[1] were received about the following:

Voluntary groups and mutual support:

Berkshire Blind Society
Churches
CLASP
Food Bank
Me2Club
Parenting Special Children
Promise Inclusion
Rose Street Buddies
SEND Carers [United] Facebook page
SMART
Stroke Association
Sue Ryder Care
The Music Club (Oxon-based)
Wokingham Link
Young People With Dementia (YPWD)
Citizens Advice Wokingham

Wokingham Borough Community Response & One Front Door

One of the most positive findings of the survey was an initiative which respondents didn't directly name. Wokingham Borough Community Response, an umbrella effort coordinated by Wokingham Borough Council, was established at the start of the pandemic. A number of voluntary sector organisations were brought together to deliver a cohesive response to the most vulnerable people in the community. Residents accessed the service via Citizen's Advice Wokingham who triaged referrals through their 'One Front Door' and arranged support such as:

Access to the Link Visiting Scheme's "Talking Buddies" programme for people feeling isolated and lonely; the Wokingham Foodbank for those struggling financially to access food; Wokingham Volunteer Centre who were able to collect

[1] includes some which received both positive and negative feedback:

and deliver pharmacy prescriptions; First Days Children's Charity who supported the Food hub to deliver food parcels.

Survey data suggest that a number of carers used and valued these services, although they did not know or remember the names WBCR or One Front Door. When asked what was helpful during the pandemic, many carers used general descriptions (e.g. "local Council arranging food parcels and phone calls") or referred to the support provided ("Having food delivered and prescriptions delivered") or the end provider ("Foodbank"). The option 'Citizens Advice pandemic response' received the third highest rating for helpfulness after 'Friends & Family' and 'Local voluntary and community groups'.
We are aware that WBC put in place several initiatives to support Carers:

- Carers Welfare Checks – WBC and Tu Vida worked jointly with a team of re deployees to ensure carers knew how to access food, prescriptions, emergency support.
- Carers welfare checks were followed up with a letter
- Providing carers with PPE
- Supporting paid carers to get early vaccinations so that customers were confident in letting them back in their homes

There is more detail about this in Appendix 1.

Most telling of all was that the issue of obtaining prescriptions or essentials was not raised when respondents described the difficulties they had experienced during the pandemic. This contrasts sharply with a similar Healthwatch survey conducted in Hampshire and the Isle of Wight[vii].

Other local authority[2] and connected services

Adult Social Care (and possibly Children's Services where unspecified e.g. 'social worker')
TuVIDA (carers organisation/service)
Dementia Care Advisor (Michelle Gilbert)

Respite services

Loddon Court - run by Dimensions
(Care home providing respite stays and day care for people with learning disabilities and autism, run by Dimensions)

Bridges

[2] in most/all cases likely to be WBC

(Resource centre for children with disabilities and their families run by WBC)

Out & About - run by Optalis
(Enables people with learning disabilities join in with local events and activities)

School & holiday clubs

Thumbs Up holiday club (for children with SEND); and school attendance when permitted.

Benefits

Carers allowance (1 respondent) and blue badge (1 respondent)

NHS
GPs (some positive feedback although practices unspecified), Royal Berkshire Hospital staff, access to medical appointments, specialist nurses (e.g. MS nurse).

Communication channels

Although its limitations were noted, **video conferencing** (e.g. Zoom or Teams) was generally welcomed when face to face contact was not possible. The exception was young carers (under 18s) who expressed dissatisfaction.

"Zoom is OK but I have 8 hours in front of a screen for school and I don't always want to spend more time [on it]."

Online support for carers and their carees were greatly appreciated. Many positive and creative examples of **online forums and events** were quoted, e.g.

"The Music Club (Oxfordshire based charity group) provided weekly online discos and other music sessions which my son enjoyed and helped to keep him occupied."

TuVIDA and WBC are keen to note that people without digital access must not be disadvantaged, although our respondents didn't raise this issue. Our survey may have been less likely to reach people in this category, and/or such respondents were unaware of the support accessible to others.

In fact, many carers cited phone calls as a valuable source of support, notably calls from/with family & friends, but also voluntary sector, a specialist nurse, the local authority and connected services. Comments included:

"YPWD have been really good. A chap would take him walking every Friday before the lockdown. Now he rings for a chat"

Own resources, networks and environment

When asked what had helped them during this period, common responses were family, friends, fresh air and exercise.

Going for a walk enabled some carers to have time out in one of two ways: either by going out alone or by someone else taking their loved one for a walk.

Other sources of comfort and distraction included pets, indoor hobbies and volunteering. A few cited their paid work and/or their work colleagues.

Some respondents identified specific attributes in themselves which they drew on: conscience, knowledge, resilience, and 'picking your battles'.

Some carers explained how apparently negative circumstances had turned out in their favour. One carer gave the example of breaking her leg! It had forced her to introduce paid support which had reduced the pressure.

Other resources which made life easier

Stores and pharmacies which offered ‘click and collect’ or, most of all, doorstep services, were highly valued: prescription delivery and online shopping - particularly for groceries. Access to supermarket priority slots was appreciated.

A few carers referred to the benefits of transport (having a car and/or blue badge). Responses to other questions indicate that non-drivers are a particularly vulnerable subset of carers, especially during Covid.

"He can't drive (epilepsy)...Worried my driving licence may not be renewed...which will really limit what I can do/get to."

8. Recommendations

Covid-19 has been the biggest challenge the health and care system has faced in living memory. It is essential that lessons are learned from this experience... so that the health and care system can support the greatest possible improvements in health and wellbeing for everyone, well beyond this crisis.

The Kings Fund[viii]

In summary, the main concerns emerging from our carers' feedback: the decline of those they look after, carer workload and lack of time away from caring responsibilities, and the impact on carers' wellbeing. Not all carers understood their rights. Not all carers knowing that they can register as a carer. Direct payment users raised a specific complaint about lack of flexibility. Services and support which received positive feedback have been highlighted and will be shared beyond this report. We have discussed the initial findings of our survey data with representatives of Wokingham Borough Council and TuVIDA.

Whilst this report as being written WBC and the Wellbeing Board have started to introduce initiatives, projects and their local priorities from the recent West Berkshire Joint Health and Wellbeing Strategy which will start to address some of the areas mentioned in the report, for example mental health, isolation.

Healthwatch Wokingham Borough recommends that:

A. A **collaborative campaign** should be carried out by NHS Berkshire West (specifically its Wokingham locality team and Primary Care Networks), Wokingham Borough Council, Healthwatch, TuVIDA, and the local voluntary sector, where appropriate, to:

- ☞ identify **'hidden' carers** and others who lack information and support
- ☞ review and improve Borough-wide **GP surgery support** for carers, including sharing and extending examples of good practice (e.g. dedicated surgery phone line and/or staff champion for carers)
- ☞ **increase information and support** offered to registered/known carers to address the challenges affecting them (caree decline, their own emotional and physical health, getting time out). To include more information about respite care and carers assessments.
- ☞ continue and potentially expand what worked well (see section 7) during the Covid period

B. Wokingham Borough Council to publish **written guidance for direct payment recipients** who cannot spend their payments normally. To be accessible via a link on their website and sent to those who aren't digitally enabled. Training and monitoring to ensure staff apply it consistently.

C. Prioritise provision and take up of respite options especially for exhausted full-time carers looking after carees with the highest support needs.

- ☞ WBC has discussed the potential of Assistive Technology (AT) but it must clearly identify and acknowledge the type of carer/caree/break that AT is appropriate for and isn't appropriate for
- ☞ recognise the importance of **non-AT respite options** especially for the carers who most need help

The Carers UK campaign 'Give Us A Break'[ix] calls for **increased funding and access to breaks**.

D. Clinical Commissioning Group to consider **updates to the carers information** on GP surgery websites, including:

- ☞ Providing more information about the benefits of registering as a carer with a GP practice.
- ☞ Include, on all GP practice web sites, links to other Carers services in the Borough, including but necessarily limited to, Wokingham Borough Council website relating to their carers offer and contact number for adult social care hub. Links to TuVida carers service, links to Crossroads Care.
- ☞ Ideally create a Carers specific tab or tile on the home page of GP practice web sites so Carers information is quick and easy to navigate to.

E. There is a disparity between the number of carers registered with GP surgeries (approximately 3644) and the number of carers registered with Wokingham Borough Council (approximately 738). In order that carers have the knowledge of the carers offer from GP surgeries and Wokingham Borough Council, create a process, if not already in place, where GP practices sign post newly registered Carers to Wokingham Borough Council and their Carers offer and vice versa.

9. Service Provider Responses

To be completed when service provider responses are received.

Appendix 1

WBC Initiatives And Data

During the Covid-19 pandemic Wokingham Borough Council (WBC) developed a number of initiatives both internally and externally.

Carers Welfare Checks:

WBC and Tu Vida worked jointly with a team of re deployees from across the council making telephone calls to make sure our carers were OK and had access to the resources that they needed. We asked them if they had access to food and medication, whether they had any contingency plan in place in case they themselves were taken ill. Most importantly though we asked them how they were and if they had any concerns. Carers fed back that they welcomed having someone to talk to. We offered follow up calls, which many took us up on. Those most in need we kept in contact for many weeks and Tu Vida are still maintaining some carers welfare calls.

Carers Communication:

WBC sent follow up letters (emails to those who requested) after the phone calls so that carers would have this information to hand providing carers with contact numbers that they may need during the Covid-19 pandemic, of e.g. 'One Front Door', Wokingham Crossroads for contingency planning and the number of our emergency duty team.

Providing carers with PPE:

WBC provided carers with PPE free of charge and arranged delivery or collection.

Supporting paid carers to get early vaccinations:

WBC contacted paid carers and arranged for them to get early vaccinations so that customers were confident in letting them back into their homes.

Worked with our commissioned carers services to support them in delivering services more creatively:

WBC supported our providers in delivering carers services during the pandemic by being flexible in what we had contracted and helping some services think about how to do things differently e.g. dropping activity packs to young carers houses, using Zoom/Teams to run workshops, making welfare checks by phone.

Numbers of Carers Welfare Checks:

295 carers were called by WBC and Tu Vida during the first lockdown. **131** of these carers received follow up calls on several occasions.

172 young carers received welfare checks by WBC Childrens Services and Tu Vida. **57** of these received several follow up calls offering support.

550 carers were phoned by WBC's Adult Social Care. These calls were repeated in wave 2.

'Thanks for your email. At the moment we are coping as well as can be expected with the help of the neighbours and family. Keep up the good work'

'Thanks for offer of help if I need it, Cheers.'

'I really appreciated the carers outreach telephone number and will definitely be calling them'

'Thank you for your email and staying in touch - it is appreciated'.

'My daughter is very grateful for the support WBC have provided'

Appendix 2

Questionnaire

Section One: Please tell us about the person you care for

1. **I am a carer for**:
Please select all that apply.

- ☐ An adult(s) with an impairment/disability
- ☐ An adult(s) with a long-term health condition
- ☐ A child/children (under 18) with an impairment/disability
- ☐ A child/children (under 18) with a long-term health condition
- ☐ An older frail person(s)

SectionTwo: What it has been like caring for someone during the current Covid-19 pandemic ?

2. Has the number of hours you dedicate to caring changed during the Covid-19 pandemic?

- ☐ It has decreased
- ☐ It has stayed the same
- ☐ It has increased
- ☐ I started caring for someone during the pandemic

3. Have you had a carers assessment by the council or local carers support group ?

- ○ Yes, before the pandemic
- ○ Yes, during the pandemic
- ○ No, I don't know what a carers assessment is
- ○ No, I don't want a carers assessment

- Other (please specify):

4. Are you aware of your rights as a carer?

- Yes
- No

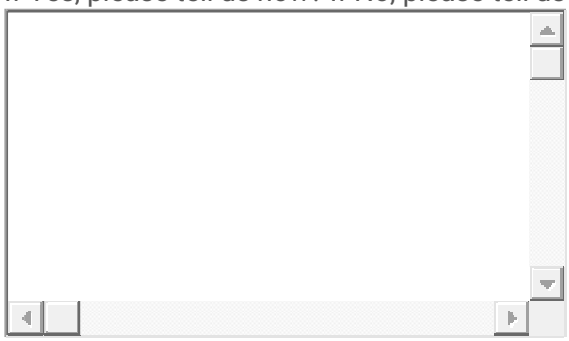
5. Do you know about the local carers support groups ?

- Yes
- No

6. Have you been able to access regular breaks from your caring responsibilities ?

- Yes
- No

If Yes, please tell us how? If No, please tell us the main problem?



7. What impact (if any) has caring for someone during the pandemic had on your: finances, employment, physical health, mental health or family wellbeing? (options- negative, positive, no impact)

8. Where have you been getting help and support? How helpful were these services (Options- Couldn't access, not helpful, helpful, very helpful)

GP surgery, hospital, local community/ voluntary groups, children's services (local council), adult social care (local council), adult day/ respite services, community mental health teams, NHS responder scheme, citizens advice pandemic service, private care company, friends, and family.

9. What kind of help and support were you looking for ?

- ☐ Help with a health problem (myself)
- ☐ Help with a health problem (person I care for)
- ☐ Help with a mental health problem (myself)
- ☐ Help with a mental health problem (person I care for)
- ☐ Help with hospital discharge
- ☐ Help with care after hospital discharge
- ☐ Getting respite/getting a break
- ☐ Getting prescriptions
- ☐ Getting food delivered
- ☐ Information on local support for carers
- ☐ Information on keeping myself and cared for safe during the pandemic
- ☐ Help with employment issues e.g. juggling work and caring
- ☐ Other (please specify)

Section Three: Tell us your story

10. What is your experience of being an unpaid carer during the current Covid-19 pandemic? (Maximum 250 words)

11. What has helped or been useful to you during this time? (Maximum of 250words)

12. What would you like to see changed or would have helped you during pandemic and/or in the future? (Maximum 250words)

Section Four: Tell us about you

13. How long have you been a carer ?

- 6 months and under
- 6-11 months
- 1-4 years
- 5-9 years
- 10+ years

14. Why did you become a carer ? (maximum 100 words)

15. Have you registered as a carer with your GP ?

- Yes
- No

16. What is your age ?

- Under 18
- 18-24
- 25-34
- 35-54
- 55-64
- 65+

17. Please tell us which gender you identify as

- Prefer not to say
- Male
- Female
- Other (please specify):

8. Which ethnicity do you identify as:

- White British
- White Irish
- White Other
- Arab or Arab British
- Asian or Asian British: Indian
- Asian or Asian British: Pakistani
- Asian or Asian British: Bangladeshi
- Any other Asian background
- Mixed: White and Black Caribbean
- Mixed: White and Black African
- Mixed: White and Asian
- Any other mixed background
- Black or Black British: Caribbean
- Black or Black British: African
- Any other black background
- Chinese or Chinese British
- Gypsy or Traveller
- Any other Ethnic Group
- Prefer not to say

19. Which part of Wokingham do you live in?

Please add the first part of you post code. This is so we know who is responsible for providing services in your area.

20. Do you consider yourself to have an impairment or disability?

- Yes
- No
- Prefer not to say

21. What is your sexual orientation?

- Heterosexual/straight
- Gay
- Lesbian
- Prefer not to say
- Other (please specify)

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[viii] https://www.kingsfund.org.uk/publications/covid-19-road-renewal-health-and-care

[ix] https://www.carersuk.org/news-and-campaigns/campaigns/give-us-a-break

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE FORWARD PROGRAMME 2021-22

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
19 January 2022	**Optalis**	To receive a further briefing on potential changes to services in Wokingham	To seek assurance	Optalis (David Birch)/Matt Pope
	Public toilet provision	To understand provision across the Borough	Referral from Community and Corporate O&S	Mark Redfearn
	Maternity Services	To seek assurance	To seek assurance	RBH
	Continence service	To seek assurance regarding the tackling of wait list	To seek assurance	BHFT
	ASC KPI's	To seek assurance		Matt Pope
	Health integration	To receive an update on the integration programme of work	To seek assurance	Lewis Willing
	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
16 March 2022	**Health and Wellbeing Strategy and Action Plan**	To scrutinise implementation of the refreshed Wellbeing Strategy and Action Plan	To seek assurance	Public Health

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
	Mental Health Services Post Covid-19	To seek assurance – Children's Services O&S be invited to hear discussions re Children's mental health		
	Ambulance Services	Update on operations	To seek assurance	SCAS
	ASC KPI's	To seek assurance		Matt Pope
	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

Currently unscheduled topics:

- 2022 – Update on ICS and implications for Wokingham Borough
- Autism Strategy

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
- **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 England and NHS Improvement** - support the NHS to deliver improved care for patients

- **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