



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 **WEDNESDAY 19 JANUARY 2022 AT 7.00 PM**

Susan Parsonage
Chief Executive
Published on 11 January 2022

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/hBLiJMVYSPU>

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.
40.		APOLOGIES To receive any apologies for absence	
41.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 8 November 2021.	5 - 14
42.		DECLARATION OF INTEREST To receive any declarations of interest	
43.		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	
44.		MEMBER QUESTION TIME To answer any member questions	
45.	None Specific	PUBLIC TOILET PROVISION To receive an update on public toilet provision in the Borough and to receive information from Crohn's and Colitis UK.	15 - 34

46.	None Specific	UPDATE ON HEALTHWATCH WOKINGHAM BOROUGH To receive an update on the work of Healthwatch Wokingham Borough.	To Follow
47.	None Specific	FORWARD PROGRAMME To consider the forward programme for the remainder of the municipal year.	35 - 42

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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Agenda Item 41.

MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON 8 NOVEMBER 2021 FROM 7.00 PM TO 9.25 PM

Committee Members Present

Councillors: Alison Swaddle (Chairman), Jackie Rance (Vice-Chairman), Sam Akhtar, Michael Firmager, Adrian Mather, Tahir Maher, Barrie Patman and Rachel Bishop-Firth

Others Present

Martin Sloan, Assistant Director Adult Social Care Transformation and Integration

Katie Summers, NHS Berkshire West CCG

Lewis Willing, Head of Health and Social Care Integration

Phil Cunningham

Nick Durman, Healthwatch Wokingham Borough, Healthwatch Wokingham Borough

Madeleine Shopland, Democratic & Electoral Services Specialist

Raghuv Bhasin, Director of Systems Partnerships, Royal Berkshire NHS Foundation Trust

36. APOLOGIES

Apologies for absence were submitted from Jenny Cheng and Carl Doran.

37. MINUTES OF PREVIOUS MEETING

The Minutes of the extraordinary meeting of the Committee held on 21 September 2021 and the meeting held on 29 September 2021 were confirmed as a correct record and signed by the Chairman.

38. DECLARATION OF INTEREST

There were no declarations of interest.

39. PUBLIC QUESTION TIME

There were no public questions.

40. MEMBER QUESTION TIME

There were no Member questions.

41. ROYAL BERKSHIRE NHS FOUNDATION TRUST

The Committee received an update on the Royal Berkshire NHS Foundation Trust from Raghuv Bhasin, Director of Systems Partnerships.

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

- Raghuv Bhasin outlined current key areas of focus for the Trust:
 - Pressure on the Emergency Department – a 20% increase in attendances had been seen compared to the same period in 2019/20, the second highest increase in the South East. This had put pressure on staff and capacity within the Department. Safety and quality was prioritised, with patients being seen within the first 15 minutes for an initial assessment. A campaign was being launched around winter pressures which would focus on three principle themes; being prepared for winter; knowing which service to choose; and engaging with primary care in multiple different ways.
 - Elective recovery – there was a significant backlog due to Covid. The Trust was one of few Trusts in the country that had maintained its referrals

throughout the pandemic. However, there were less referrals as fewer patients had visited their GP during the pandemic. The Trust was trying to deliver elective activity over and above levels delivered in 2019/20.

- Safety and quality – ensuring that patients with an urgent need, such as having cancer, received rapid access to treatment. All patients on waiting lists were risk assessed, ensuring that capacity was maximised.
- Impact of Covid – case rates were rising. A slight increase in hospitalisations were being seen. There were about 40 patients at any one time with Covid, some in intensive care. Covid had had a big impact on staff resilience. Staff in intensive care and respiratory wards had found it particularly challenging to take annual leave. Continuing to operate at such a high level during the pandemic had had a big psychological impact. The Trust was focusing on staff resilience and wellbeing. Precautions such as social distancing and mask wearing, to minimise Covid infections were continuing.
- Partnership working – the Chief Executive had visited a large number of primary care practices to understand how the Trust could improve the interface between the Trust and Primary Care. The Trust was working more closely with Berkshire Healthcare to deliver more joined up services, such as the Long Covid clinic, which was jointly provided. Work was being undertaken with Berkshire West Integrated Partnership regarding priorities for the next year.
- Health inequalities – an analysis had been carried out of patients who did not attend out patient appointments. There was a disproportionate amount in the lower income decile. The Trust was working to engage more and to provide improved access to outpatient appointments, to minimise health inequalities. Four Public Health priorities had been developed.
- Development and growing the organisation – a five-year partnership had been signed with the University of Reading (Health Innovation Partnership). In addition, the Trust continued to invest in its Digital Hospital, developing new patient portals, electronic models of consent and a digital approach to outpatient appointments. Members were also reminded of the Building Berkshire Together programme which focused on the redevelopment of the hospital. There were two upcoming engagement events.
- Members sought an update on the Building Berkshire Together programme. A Strategic Outline case had been submitted to the Department of Health which contained a range of options for consideration, including redevelopment of the current site and relocation. Feedback had not yet been received from the Department of Health or the Treasury regarding these options or the amount of funding provisionally allocated. Engagement work with the community continued. Redevelopment on the site was continuing where necessary.
- A Member questioned how long it was likely to before backlogs in wait lists had been cleared. Raghuv Bhasin commented that the backlogs were particularly in elective care, which was a national issue for the NHS. More elective care was being delivered at present than in 2019/20, which was helping to reduce backlogs. This varied across specialities, some of which had had challenges in recruitment and retention prior to the pandemic. The level of referrals was not yet at expected levels and were likely to increase. In addition, wait lists and long waiters was expected to increase and then decrease over 2022/23. It was difficult to provide a definitive date as to when backlogs would be cleared due to uncertainty around referral levels. Raghuv Bhasin indicated he was happy to provide the Committee with greater clarity when available.

- Members asked a number of questions regarding staffing. A Member questioned the level of staff vacancies and how the Trust was looking to retain and recruit new staff. Raghuv Bhasin indicated that the level of vacancies varied across the Trust and largely mirrored the national picture. For example, there had been a national shortage of radiographers to conduct and interpret scans. The Trust was working with the University of Reading to develop a training programme to grow its own staff. There was a huge focus on retention. Raghuv Bhasin emphasised the development and investment in staff and the focus on staff wellbeing. Additional people management support had been invested into. Members were also informed of a recent recruitment campaign by the Maternity Services which had focused on student nurses.
- Members were assured that critical areas were not facing shortages in staffing.
- Raghuv Bhasin confirmed that critical departments were covered at all times, although this could involve high agency costs, which the Trust was looking to reduce through the development of its own staff and permanent recruitment.
- In response to a question regarding communication with the community, Raghuv Bhasin commented that there was a big focus on communication. The website had recently been relaunched and the Trust was growing its presence on social media, and were also engaging more with Healthwatch and other voluntary and community groups. The vaccination campaign had built good relations which the Trust was looking to build upon to ensure that particular groups who found it difficult to access services, were engaged with. It was noted that there were over 3500 Trust members who acted as amplifiers of the Trust's message across a range of medial channels.
- Staff resilience and wellbeing was one of the biggest challenges going forwards. A recent Safe Staffing review had confirmed that staffing levels were safe going into the winter. However, staff were fatigued and under pressure and needed continued support.
- Members questioned how parking at the hospital could be improved and was informed that travel and transport were vital to the development of the hospital. The Trust was looking at expanding its parking footprint particularly for staff, and had increased its presence at the Queen's Road car park. A cycle village with spaces for over a hundred bicycles had been opened, to encourage more cycle use. Members were informed that there was a programme in place which looked at future parking modelling.
- A dedicated pick and drop off point for 30 minutes would be introduced shortly, and the Trust was working with the voluntary sector to ensure the volunteer drivers were aware of this. The impact of the drop off/pick up point would be monitored.
- A Member questioned whether a shuttlebus could be introduced and was informed that there was one in place for staff which ran from Reading Station via Queen's Road. The Trust was working with Reading Buses to encourage more bus routes to the site.
- In response to a question regarding staff trends Raghuv Bhasin commented that staff numbers were generally increasing. The Trust was rated 'Good' by the CQC and had a good reputation for research and training.
- With the increased focus on digital communication, a Member queried whether additional staff were being used to manage communication, and how it was ensured that those who were less IT literate did not miss communication. It was noted that a Digital Hospital Programme had been in place since 2017 which had changed the organisation into very paper lite. The Trust had continued to invest in digital during the pandemic, in areas such as maternity and theatres. Staff training and retraining had been crucial to the success of this. A lot of the administration team now

worked largely through digital means. Artificial intelligence was used for some process automation tasks, freeing up staff time to focus more on quality provided and helping those that may require more assistance.

- The Trust was working with independent sector colleagues to maximise staff capacity.
- Members asked about Covid vaccinations for staff and the Trust's approach to those who were not vaccinated. Raghuv Bhasin stated that there a number of staff who were medically exempt and individual risk assessments as to the duties that they could undertake would be carried out. These were signed off by the Director of Nursing. High levels of PPE were worn throughout the hospital. The number of unvaccinated staff was small with the Trust having one of the highest levels of staff vaccinations in the country. The booster and flu vaccination programmes were going well.
- The Committee discussed the use of Artificial Intelligence. Raghuv Bhasin referred to the use of Brainomix by the Stroke Service to speed up the diagnostic process. Artificial Intelligence could also be used to go through waiting list and identify those in need of targeted support.
- Members referred to the survey undertaken by Healthwatch regarding services during the pandemic and commented that maternity services in particular had received quite negative feedback. Raghuv Bhasin stated that maternity was a key area of focus for many Trusts, particularly following the Ockenden Review. There had been challenges with recruitment and retention in this area with 14% vacancies and a 10% turnover. However, over twenty midwives had recently been appointed, and a Maternity Summit had been held with the Executive and Maternity in the last six weeks to agree actions to improve and support this area. Work was being undertaken with patient leaders to improve the services provided. The Chairman commented that the Committee hoped to look specifically at maternity services at a future meeting.
- Members questioned how they as Councillors could assist the Trust. Raghuv Bhasin indicated that it would be helpful if the Members could publicise the winter pressures campaign. The Winter Plan would be circulated to the Committee.
- Raghuv Bhasin thanked Council officers in Adult Social Care for their support.

RESOLVED: That

- 1) the update from the Royal Berkshire NHS Foundation Trust be noted and Raghuv Bhasin, thanked for his presentation;
- 2) an update on the implementation of the Winter Plan be requested.

42. GP PRACTICE PROVISION AND GP SERVICES

The Committee received an update on GP Practice provision and GP services from Katie Summers, Berkshire West CCG.

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

- Unfortunately, Dr Milligan and Dr Sharma had been unable to attend the meeting to provide the views of a GP. Katie Summers read out a statement from Dr Sharma which highlighted some of the difficulties that GPs were facing. GPs were providing more appointments than ever, with demand up 30-40% from 2019. A lack of ambulance services, district nursing and rapid response exacerbated issues. Dr Sharma encouraged Members to promote the NHS.uk website, which was a good

source of information and promoted community pharmacy as a point of contact. He would be producing a video on this in the near future.

- Katie Summers outlined some of the challenges that Dr Sharma had faced recently. For example, he had been unable to get an ambulance for a potentially sceptic 80-year-old and had had to transport the patient to the hospital himself to be assessed. Another patient, a 20-year-old, had been visited twice in a week by the paramedics for a urinary tract infection and separately, for a headache, which was not an appropriate use of resources. 20–40-year-olds in particular needed to be educated about the appropriate use of services.
- Demand had increased with the easing of restrictions across the health service including primary care. The Committee noted activity in the Primary Care Networks.
- The pressure was linked to a backlog in demand and extra secondary care work.
- The percentage increase in consultation activity across PCNs had varied during July 2019 –July 2021 - ranging from 17% - 155% (Wokingham West PCN) increase.
- Across Berkshire West there had been a 76% increase in consultations in their various forms.
- Face2face / telephone consultation data showed a decline in these types of contacts in some PCNs, although a 5% increase overall. This decline was a likely consequence of national SOP changes at the start of the pandemic introducing total triage model that ensued GP services were sustainable and safe.
- It was noted that activity might not reflect true demand or activity, i.e. online requests (emails, practice website requests, text consultations) which had become vital tools in communication and consulting with patients, although there had been a national drive to map all appointment types and improved data is expected. Pre Covid the majority of patients would phone for an appointment. Now there was a greater use of online appointments and phone triage.
- Face2face consultations were taking longer due to Covid infection control measures, at an average of 20 minutes. Telephone consultations were a lot shorter, leaving more time for GPs to spend with the most vulnerable patients, in a Face2face appointment.
- Although some patients wished to return to face2face consultations, the new, flexible ways of consulting had been appreciated and taken up by many including those who preferred not to attend the surgery for work or health reasons unless it was necessary for them to do so.
- Housebound patients and those with transport difficulties had more access than before.
- It was likely that there would continue to be mixed model going forward but with greater emphasis on offering face2face in response to patient preference as well as clinical need.
- Katie Summers outlined the recovery plans. The Respiratory Hub had been stepped down with all patients now managed within the practices. Suspected Covid patients were now seen by practices, and safe hot / cold streaming arrangements were established.
- Further work would be undertaken to embed new models of access to primary care and to support patients to engage with these. Members were informed of communication sent out by the CCG and also adopted by the Council, about how the public should be accessing primary care in the future.
- The backlog of routine appointments was being addressed and the focus was on ensuring that chronic diseases were appropriately managed.

- Funding had been 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.
- A system wide workshop had been held in May to agree remedial actions to address primary care demand. Katie Summers took the Committee through these actions. These included:
 - Building intelligence about activity in primary care, including predictive modelling – this was being worked up through the BOB ICS.
 - 111 call handlers now able to book into primary care
 - Standardised telephone message for GP Practices – currently they were very varied
 - Maximising GP call handling / workflow management capabilities – training of receptionists to ensure a better utilisation of workflow management
 - Additional 170 appointments per day across the CCG being commissioned to increase capacity until end of March 2022. NHS England had informed the CCG that day of the Winter Access Fund. For the BOB ICS this amounted to £7.5million.
 - Piloting how Royal Berkshire Foundation Trust's Emergency Department could book patients into GP appointments
 - Practices now had '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
- Katie Summers highlighted the letter from Dr Richard Wood, of the Local Medical Council, which detailed the benefits of the hybrid model.
- Members referred to the most recent GP Patient Survey and noted that a number of practices in the Borough had scored within the top 10%. However, four practices had scored within the bottom 10%. Members questioned how those practices that had scored less well in the Patient Survey were being supported to improve. Katie Summers indicated that the CCG had responded to a number of concerns raised about the future delivery of primary care services in the Borough. Members were informed that the survey looked at one aspect, and the CCG wanted to gain a clearer picture of performances at those practices. The national team were working on improving the reporting mechanism, which would enable a better comparison between practices. The pandemic and vaccination programme had placed additional pressure on primary care; however, practices were still required to meet patients' needs through the delivery of responsive and planned services. NHS England had recently committed a Winter Access Fund for Integrated Care Systems, which would be used to increase the number of appointments available to patients and improve access to services. There would be a focus on those practices which had received a low patient satisfaction rating. Tailored support would be provided to those practices. An update on the implementation of this would be provided to the Committee.
- Out of hours services were experiencing heightened patient contact. A Member questioned whether funding was sufficient to maintain activity levels. Katie Summers confirmed that out of hours activity was included in the funding opportunity. With regards to capacity, several practices had seen GPs retire. A programme to support returners was in place as was a programme of retention.

Locum cover was used to support the system. The out of hours service provided by Berkshire Healthcare Trust via Westcall, was under pressure. Practices had concerns regarding the individual capacity versus individual demand.

- In response to a question regarding the continuation of training during the pandemic, Katie Summers stated that many of the practices had training facilitators. There was a programme of Advanced Practitioners in a number of practices such as Brookside and Wokingham Medical Centre.
- A Member expressed concern that the E Consult app was not very user friendly, and commented that they had had to phone the surgery on several occasions after unsuccessfully using the app. Katie Summers asked that details of the individual surgery be sent to her so that she could follow up on the matter.
- A number of Members commented that many patients preferred face2face appointments, and questioned when it was likely that a return to pre pandemic levels would be seen. Katie Summers indicated that funding would help increase the number of appointments available, depending on GP and other staff practice. Many patients, particularly those who worked, preferred a hybrid approach to appointments. Members agreed that the system had to fit patient need.
- A Member expressed concern regarding the impact on vulnerable patients' mental wellbeing should services not be delivered in a timely manner.
- A Member questioned how many GPs there were in the Borough and if this was increasing or decreasing. Katie Summers agreed to provide the Committee with information regarding the number of GPs, admin staff, nurses, and other staff within the GP practices, pre and during the pandemic.
- With regards to finances, Katie Summers indicated that what income had come into General Practice across the CCG, could be examined.
- In response to a question regarding the increasing population in the Borough and whether there were sufficient GP practices to accommodate this, Katie Summers stated that a few years ago the CCG had undertaken work on the forthcoming housing growth. The Council and CCG had worked with individual practices to assess whether they could absorb the additional population growth. Some practices had expanded and brought in new staff. It was potentially time to reassess the picture and to undertake a further examination. A Member commented that a new surgery had been proposed prior to the construction of Montague Park but that this had not been taken up. Katie Summers indicated that at the time it was felt that neighbouring practices could accommodate the new residents.
- Members asked about the impact of the ageing population, who may require more medical appointments. They went on to ask whether data about the amount of time patients had to wait before they could make an appointment via telephone, by surgery, was available. Katie Summers commented that population growth data suggested an increase in the working age population. However, the number of residents living with multiple long-term conditions was increasing. In the past a mystery shop had been undertaken, phoning individual practices, and hearing how long it took to connect and the messages that patients heard. It was hoped that telephone messages and processes would become standardised, which would help in the monitoring of wait times and call abandonment rates.

RESOLVED: That

- 1) The update on GP practice provision and GP services be noted and Katie Summers thanked for her presentation.

- 2) An update on the targeted support that would be provided to the 4 GP surgeries identified, be requested.

43. HEALTHWATCH WOKINGHAM BOROUGH

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

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

- Healthwatch Wokingham Borough had produced a report 'Caring during Covid.'
- Members questioned whether Healthwatch had been happy with the level of response received and were informed that Healthwatch had hoped for approximately one hundred responses, which had been received. The three focus groups had been very helpful for information gathering.
- Many carers had found the easing of lockdown difficult as they often had to remain shielding whilst others returned more to normality.
- A Member commented that it was surprising that 40% were not registered as carers with their GP. Nick Durman commented that this was a key recommendation.
- A Member questioned whether there were networks for carers and was informed that there were various carers groups. They had not been able to operate in the same way during the pandemic and many had met online. Many groups were starting to meet in person again as restrictions had lifted.
- Members felt that it was a thorough report and questioned what the Committee could do.
- Nick Durman emphasised the benefit of collaborative working.
- Members were reminded of the Strategy into Action, one of the workstreams of which would focus on carers. The Deputy Executive Member for Health, Wellbeing and Adult Services referred to the Strategy into Action structure which was being addressed by the Wokingham Borough Wellbeing Board.
- The Committee were supportive of the recommendations within the report. The Chairman indicated that she would write to the Executive Member for Health, Wellbeing and Adult Services indicating the Committee's support for the implementation of the recommendations.

RESOLVED: That

- 1) the update from Healthwatch Wokingham be noted and Nick Durman thanked for his presentation.
- 2) The Chairman write to the Executive Member for Health, Wellbeing and Adult Services indicating the Committee's support for the implementation of the recommendations.
- 3) An update on the implementation of the recommendations by WBC, be requested for January.

44. FORWARD PROGRAMME

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

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

- Members agreed to schedule an additional meeting in February and to request a further update from the Royal Berkshire NHS Foundation Trust and also a presentation regarding maternity services.
- Members wished to receive a further update on the tailored support that was being offered to the four GP surgeries that had performed less well in the GP Patient Survey.
- The Committee requested that the Autism Strategy be scheduled as appropriate.

RESOLVED: That the forward programme be noted.

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Agenda Item 45.

TITLE	Public Toilet Provision
FOR CONSIDERATION BY	Health & Wellbeing Overview and Scrutiny Committee on Wednesday, 29 September 2021
WARD	None Specific
KEY OFFICER	Steve Moore – Interim Director Place & Growth

OUTCOME / BENEFITS TO THE COMMUNITY

Publicly available toilets are a valuable element of any community that enable residents and visitors to move freely within the borough.

RECOMMENDATION

- 1) To consider the information provided in the report on publicly accessible toilets within Wokingham Borough.
- 2) To review signage and publicity of the Local Loo Scheme and other toilets available within Wokingham Borough Council facilities.

SUMMARY OF REPORT

There are no statutory requirements for the Council to provide public toilet facilities within the Borough.

In 2009, the Council changed its approach to public toilet provision to a more effective and efficient community toilet approach known as the Local Loo Scheme. This scheme increased the quality and availability of toilets within the borough.

A recent review identified 171 toilets across the borough that are available for public use.

The Council has received one specific enquiry in the past year about the availability of public toilets within the Borough.

Background

There are no statutory requirements for Wokingham Borough Council to provide public toilets for residents and visitors to use.

In 2009, following a review of the usage and cost of providing public toilet facilities, the Council introduced the Local Loo Scheme of community toilets to provide improved toilet facilities to all residents and visitors when they are in Wokingham and Woodley town centres and Twyford and Wargrave village centres. This scheme replaced the five sets of outdated, underused public toilets which were subject to bouts of vandalism and closed for long periods of time.

The Local Loo Scheme works by local businesses and organisations such as cafés, restaurants, libraries, pubs, and council offices opening their toilets up to the public in return for a set annual fee from the Council. The Local Loos are in convenient locations, offer toilet cubicles and baby changing facilities and are open for longer hours than the public toilets previously provided by the Council.

There is no cost to residents/ visitors for using these toilets and all businesses and organisations taking part in the Local Loo partners display a sticker on the outside of the building, or in a window, to indicate that they are part of the scheme.

There are currently 10 Local Loos available to use within the Borough. They are located at:

Establishment	Address
Crumbs Coffee (Fresh Woodley Ltd)	4 Library Parade, Woodley, Reading, Berkshire, RG5 3LX
Waterside Centre	Thames Valley Park Nature Reserve, Thames Valley Park Dr, Earley, Reading RG6 1PQ
Sebastian's Café	3 London Road, Twyford RG10 9EH
The Red Lion	25 Denmark Street Wokingham RG40 1AP
Broad Street Tavern	29 Broad Street Wokingham RG40 1AZ
The Brown Bag	5 Alexandra Court, Wokingham, RG40 2SL
Oakwood Centre	Headley Road, Woodley RG5 4JZ
Woodley Surgery	6 Headley Rd, Woodley, Reading RG5 4JA
The Chequers Public House	198-200 Crockhamwell Road, Woodley RG5 3JH
The Bull Hotel	76-78 High Street, Wargrave RG10 8DD

Information about the Local Loo Scheme can be found at:

<https://www.wokingham.gov.uk/community-and-safety/community-facilities/public-toilets/>

Each venue participating within the Local Loo Scheme is paid £600 p.a. (with one exception that is paid £1000 p.a.) as a contribution to the cleaning and maintenance costs for the toilets.

Review of Available Toilet Facilities

A review of toilets that are available for public use across the borough shows that there are 171 toilets available for residents to use. They are available in a range of different venues as shown in the table below:

Venues	Number of Toilets
Pubs & Restaurants	88
Wokingham Borough Council Buildings	17
Supermarkets	7
GP Surgeries	6
Cafes	16
Petrol Stations	13
Garden Centres	6
Miscellaneous	18

The map in Appendix 1 shows where these venues are located within the Borough.

Changing Places Toilets

Changing Places toilets meet the needs of people with profound and multiple learning disabilities, as well as people with other physical disabilities such as spinal injuries, muscular dystrophy, and multiple sclerosis. These toilets provide the right equipment including a height adjustable adult-sized changing table, a tracking hoist system, adequate space for a disabled person and carer, a peninsular WC with room either side and a safe and clean environment including tear off paper to cover the bench, a large waste bin and a non-slip floor.

The current provision of Changing Places within the local area is:

- Alexandra Court, Wokingham, Wokingham
- Dinton Pastures Country Park, Wokingham
- Royal Berkshire Hospital, Reading
- The Lexicon, Bracknell
- Oracle Shopping Centre, Reading
- Broad Street Mall, Reading
- The Lookout Discovery Centre, Bracknell

Resident Enquiries about Public Toilet Provision

A review of contacts with the Council's Customer Services has identified that there has been only one enquiry to the Council about the provision of public toilet facilities in over a year.

Analysis of Issues (including any financial implications)

Access to toilet facilities across the Borough goes beyond the traditional model of services provided and maintained by the local authority. The review of toilets available for public use across the borough shows that there are a wide range of facilities for people to use, and the introduction of the Local Loo Scheme over ten years ago has provided better facilities for our residents.

Whilst there is no statutory requirement for the Council to provide public toilet facilities, there are wider and more fundamental responsibilities that need to be considered.

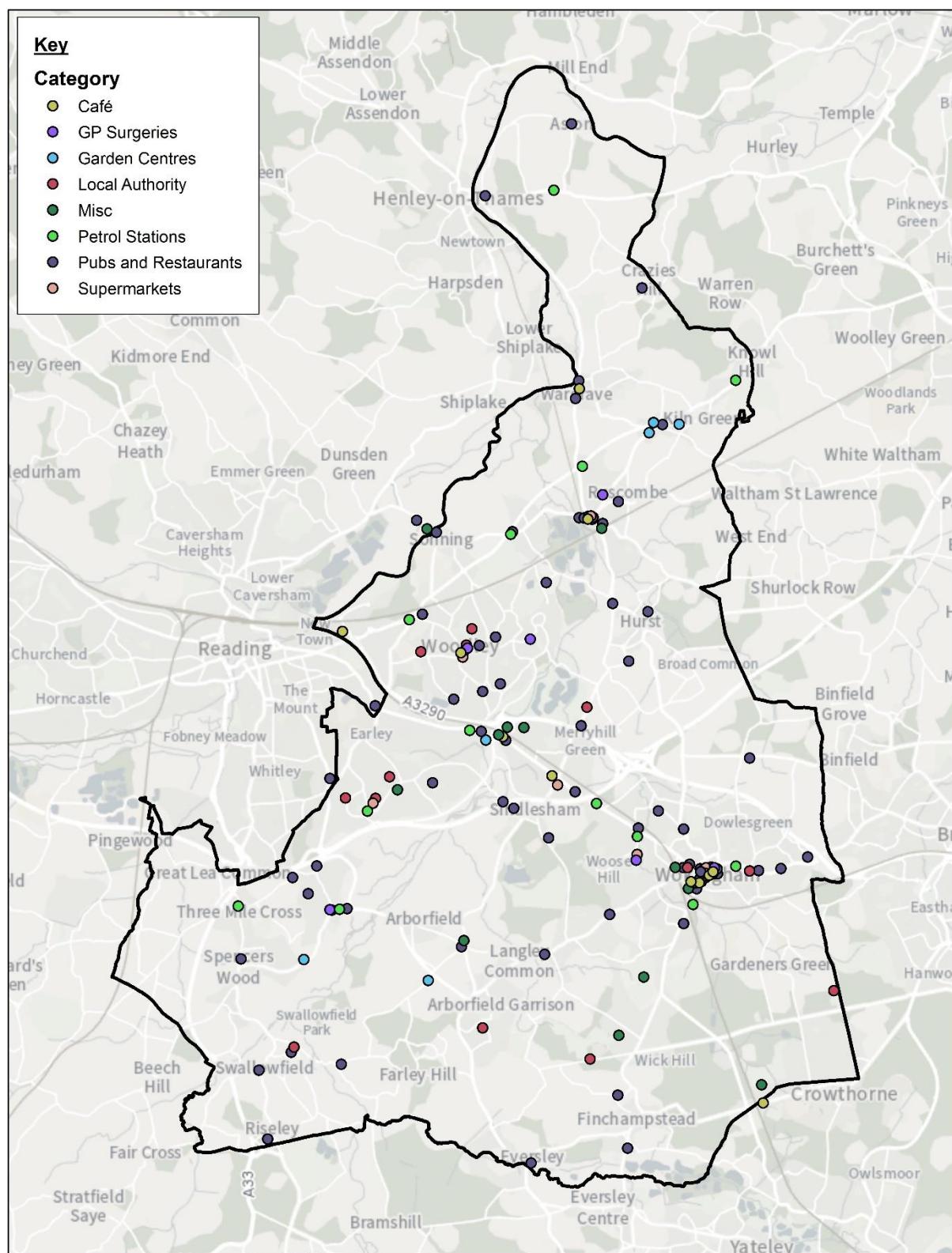
As with all services, ensuring that our residents and visitors can know of their availability and how to access them is crucial to realising their maximum benefit, with information on facilities commissioned by the Council being of particular importance to publicise. Within this, having information on toilet facilities available in accessible formats is also an essential role for the Council in meeting the needs of all residents.

Given the length of time since the decision to establish the Local Loo Scheme was taken, it is also recommended that an Equality Impact Assessment is conducted for the scheme to ensure it is supporting the Protected Characteristics detailed in the Equality Act 2010.

Partner Implications
The Local Loo Scheme is delivered in partnership with local business and community-based services.

Contact Mark Redfearn	Service Place
Telephone No Tel: 0118 974 6012	Email mark.redfearn@wokingham.gov.uk

Appendix 1 – Available Toilet Facilities



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ACCESS TO TOILETS

CROHN'S & COLITIS UK
POSITION STATEMENT
[November 2021]

Crohn's & Colitis UK Position Statement: Access to Toilets

November 2021

"The availability of toilets is vital to the wellbeing and quality of life for people with Crohn's Disease and Ulcerative Colitis."

Our vision

We believe that everyone living with Crohn's and Colitis should have access to publicly available toilets, free of charge and without fear of public prejudice and discrimination. Access to toilets is essential to people with Crohn's, Colitis and other hidden disabilities accessing education, work, and social activities. This is a matter of personal and public health, equality, and social inclusion.

Key points

- Over 500,000 people in the UK are living with Crohn's and Colitis, the two main types of Inflammatory Bowel Disease (IBD). The most common symptoms of these often-debilitating conditions are urgent and frequent diarrhoea, pain, and fatigue. As many as three in four people with Crohn's or Colitis have experienced bowel incontinence. Access to clean, hygienic toilets is crucial to improving the quality of life of people living with these conditions.
- Nearly 9 in 10 people with Crohn's and Colitis plan journeys based on access to toilets (87%).
- In Crohn's & Colitis UK's 2020 Life in Lockdown survey, over half of people (57%) with Crohn's and Colitis were concerned about leaving their house during the pandemic, even when permitted, due to limited access to public toilets.
- 86% of respondents to a charity-wide membership survey said that access to toilets was an issue that impacted their lives.
- 70% of respondents to a survey on travel and IBD said they worried about toilet facilities whilst travelling and 63% worried about toilet facilities at their travel destination.
- 1 in 2 people with Crohn's or Colitis report having experienced discrimination for using an accessible toilet, with over 60% of these instances including either verbal and or physical abuse.
- Some people living with IBD have stoma bags. A fully enclosed cubicle with disposal facilities and a sink to change their stoma bag comfortably, hygienically and in privacy, is essential.

Why is this an issue?

"I suffer from Crohn's disease and need access to public toilets in order to carry out my everyday life."

Crohn's and Colitis are lifelong diseases of the gut. They are painful, debilitating and widely misunderstood. And there is no known cure. Crohn's and Colitis don't just affect your gut. They can affect almost every part of your body and every aspect of your life: from your digestion and joints to your energy levels and mental health.

Over 500,000 people in the UK are living with Crohn's and Colitis. The main symptoms of these often-debilitating conditions are urgent and frequent diarrhoea, pain, and fatigue. As many as three in four people with Crohn's or Colitis have experienced bowel incontinence. This can mean that one second you feel okay, the next you need to go immediately. Therefore, quick access to suitable toilet facilities is crucial, either to prevent or act should an accident occur.

Additionally, some people living with Crohn's or Colitis have stoma bags and may require extra space to change and dispose of equipment comfortably, hygienically and in privacy. This requires a fully enclosed cubicle with access to a sink and disposal facilities. Sometimes people with Crohn's or Colitis have part of their bowel removed during surgery and need a new way of getting rid of faeces (poo). The surgeon will make an opening through the person's abdominal wall and bring the end of the bowel through the skin. This is the stoma. The poo is then collected in a soft waterproof bag which fits over the stoma and is attached to the person's abdomen (tummy). This bag needs to be changed regularly and hygienically.

Understandably, people experiencing these distressing symptoms often suffer from considerable anxiety about suddenly needing the toilet and having very little time to find one.

Experiencing an episode of incontinence in public is profoundly embarrassing. The fear of incontinence or of being unable to locate a toilet can have a significant impact on mental wellbeing and lead to social isolation through people choosing not to risk leaving their home.

"Using a toilet should not be a privilege. As someone with Ulcerative Colitis, I fully rely on public toilets in order to leave my house."

Everyone needs a toilet. The provision of publicly available toilets is a service upon which many people with Crohn's, Colitis and other long-term health conditions rely to enable them to engage in daily activities that others would take for granted. Not addressing the shortage of toilets disproportionately affects the most vulnerable in society. It is a matter of personal and public health, equality, and social inclusion.

What's the evidence?

Crohn's & Colitis UK are the voice of people affected by the condition - we hear time and time again how this is an issue. Surveys have consistently highlighted the crucial role that access to toilets plays in the life of people with Crohn's or Colitis and other long term health conditions.

- 86% of respondents to a charity-wide membership survey told us access to toilets was an issue that impacted their lives.
- A survey of 1,776 people living with Crohn's and Colitis found that 70% of respondents worried about toilet facilities whilst travelling and 63% worried about toilet facilities at their travel destination.
- 1 in 2 people with a hidden disability reported having had a negative reaction from the public for having used an accessible toilet, with 61% of those negative experiences having included verbal and/or physical abuse.
- 80% of people with Crohn's or Colitis feel more confident when visiting a venue with the Not Every Disability is Visible sign installed.
- Crohn's & Colitis UK's 'Life in Lockdown' survey revealed that over half (57%) of respondents were concerned about leaving their house, even when regulations allowed, due to concerns about accessing a toilet.
- The number of public toilets across the UK is declining. In 2018 there were 4,486 operated by major councils in the UK, down from 5,159 in 2010.
- With ever-growing demands on council budgets, innovative additional solutions such as Community Toilet Schemes, are required to ensure access to appropriate numbers of publicly available toilets is maintained. Such schemes are important but should complement, not replace, public toilets which remain open during evening and weekends.

"Taking the P***" a 2019 Report by the Royal Society for Public Health concluded:

- The increasing decline in public toilets is a threat to health, mobility, and equality.
- The lack of public toilets disproportionately affects people with ill health or disability, the elderly, women, outdoor workers and the homeless.
- Knowledge of lack of facilities nearby acts as a 'loo leash', deterring as many as one in five (20%) from venturing out of their homes as often as they would like. This rises to over two in five (43%) among those with medical conditions requiring frequent toilet use.
- Over half (56%) of the public restrict fluid intake due to concern over lack of toilet facilities. Deliberate dehydration can seriously affect health and exacerbate existing medical problems.

Personal story

Femi is 26 years old and lives with Crohn's.

"Whatever I do, whether through work or socially, I always make sure it's easy for me to get to a toilet. A lot of public toilets are often unclean which isn't very nice. Usually, I'll try and find a shopping centre, but shopping centres usually close around the end of the working day, so if I'm out in the evening I really struggle as restaurants and cafes are very hit and miss.

I've been living with Crohn's for 10 years and, unfortunately, I don't have much confidence left when it comes to asking to use a restaurant or café's toilet. A lot of the time people say no. I have a Can't Wait Card from Crohn's & Colitis UK, but sometimes even that doesn't work. If people don't know about Crohn's or Colitis, then it doesn't matter what you have or what you show as people don't appreciate why you need to use a clean, private toilet urgently. That does make you wary of asking because it can be quite humiliating to be turned away when you urgently need to use the toilet. It's not a nice feeling.

There needs to be more investment in public toilets, and better awareness of invisible disabilities so everyone can understand why someone with Crohn's or Colitis needs to use the toilet urgently.'

What are we doing?

- We will continue to work across the UK to ensure that access to toilets is considered as an equality, social inclusion, and health issue.
- We will continue to work with parliamentarians in the four UK nations to call for a statutory duty on local authorities to ensure appropriate access to toilets in their areas.
- We will continue to lobby for easy digital access to information on the location and type of publicly available toilets and promote effective and innovative means of delivering this.
- We will continue to work with those in the transport and travel sectors to ensure that people with Crohn's and Colitis have the confidence to travel in unfamiliar environments, are treated with dignity and understanding, and can access a toilet when needed.
- We will continue to work with like-minded charities, organisations, and other stakeholders to raise awareness that Not Every Disability is Visible. We will promote the roll out of accessible toilet signage and related staff training in places of employment, as well as in high footfall public areas such as public buildings, retail, transport hubs, food outlets and cultural venues.

Recommendations

- Access to toilets should be treated as a public health issue by governments across the UK.
- National and local decision-makers in all four nations of the UK should take action to increase the number of publicly available toilets. This should include increasing the number of available toilets in public spaces, on public transport and in commercial premises.
- Local authorities should have a statutory duty to ensure there is a sufficient supply of well-maintained, publicly available toilets in their area, so people with disabilities, whether hidden or visible, do not face and social exclusion and isolation.
- Local authorities should take the lead role in facilitating and publishing information detailing access to local toilets. This information should be available digitally and include details of what facilities are available at each location.
- People with Crohn's or Colitis should be able to access toilets in shops, restaurants, and other buildings, without having to explain themselves. The Crohn's & Colitis UK Can't Wait Card is a way to support this, but we need to work towards a society where all you need to do is ask.
- Not Every Disability is Visible accessible toilet signs should be a requirement in all venues. This will help change public perceptions of disability, end stigma and ensure everyone who needs to use an accessible toilet can. Education is needed, alongside the signage, with staff trained to support their customers in a helpful, discreet, and understanding way. (Signage and training materials are available from Crohn's & Colitis UK).
- Anyone with an invisible disability, including people with Crohn's or Colitis, should have the confidence to use accessible toilets free from challenge or discrimination. It is essential that people living with Crohn's and Colitis feel confident to leave their homes to go about their daily life including travelling to unfamiliar environments, safe in the knowledge that they will be able to access a toilet when needed.
- A Blue Badge can enable someone with Crohn's or Colitis to park a short distance away from their work and other facilities in case they need to access a toilet quickly. Despite changes to the Blue Badge criteria which aim to take invisible disabilities more into account, unless they have medical evidence to demonstrate psychological distress most councils will not consider people with Crohn's or Colitis eligible for a Blue Badge. We would like to see continence issues taken into consideration in the same way as mobility and mental health in the eligibility criteria for Blue Badges and through local authority toilet strategies as part of delivering on public health across the UK.

About us

We are the leading UK charity for people with Crohn's and colitis. We are working to improve diagnosis and treatment; to fund research into a cure; to raise awareness and to give people hope, comfort and confidence to live freer, fuller lives.

Contact us

To comment or respond to our position statement please contact:
policy@crohnsandcolitis.org.uk.

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Crohn's & Colitis UK - a registered charity in England & Wales (1117148) and Scotland (SC038632). Registered as a company limited by guarantee in England & Wales (5973370)

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Crohn's & Colitis UK's Not Every Disability is Visible campaign

About us and invisible conditions

- [Crohn's & Colitis UK](#) is the UK's leading charity for Crohn's and Colitis. We're here for everyone affected by Crohn's and Colitis.
- Right now, an estimated 500,000 people in the UK are living with a lifelong disease that many people have never heard of.¹
- Moreover, there are over 11 million disabled people in the UK², and an estimated 1 in 7 people are living with an invisible condition³. Whether you realise it or not, some you know lives has a hidden condition.
- Because of the stigma and misunderstanding surrounding invisible conditions, people are suffering in silence and being discriminated against for trying to use accessible toilets.

About the conditions

- This [short video](#) explains the conditions.
- Crohn's Disease and Ulcerative Colitis – the two main forms of Inflammatory Bowel Disease – are lifelong diseases of the gut. They are painful, debilitating and widely misunderstood. And there is no known cure.
- When you have Crohn's or Colitis, your immune system doesn't work properly. Your body starts attacking itself, causing ulcers and inflammation in the gut.
- One of the main symptoms, but by no means the only one, is the frequent and urgent need to use the toilet to poo.
- These lifelong diseases don't just affect the gut. They can affect many parts of the body – from eyes, joints, and the liver to mental health. And they can affect many parts of life – from education and work to relationships.
- People living with the conditions face a lifetime of medication and, in many cases, major surgery.
- Surgery could include constructing a stoma. A stoma is where the diseased part of the gut is removed, and the remaining healthy part of the gut is brought out through a small opening in the abdomen. Digestive waste (poo and liquid) can then be collected in a bag outside of the body.

¹ IBD UK - Information for Patients. Accessed at: <https://ibduk.org/information-for-patients>. Last accessed November 2020

² <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures>

³ <https://www.psychreg.org/invisible-disabilities/>

Not Every Disability is Visible campaign - what is the problem?

- People with Crohn's or Colitis and other invisible conditions can outwardly 'look-well', and do not meet some people's outdated perception that disabilities must be visible.
- Because of this incorrect perception 1 in 2 people with Crohn's or Colitis have had a negative experience from members of the public just for using an accessible toilet⁴. And of these negative experiences 61% included verbal and or physical abuse⁵.
- Interestingly our survey shows that over 93% of people who challenge healthy-looking people using accessible toilets think they are 'standing up' for the rights of disabled people or that it's 'not fair' on others⁶.
- We believe that education is the key - through changing [accessible toilet signage](#) and training staff we're challenging the stigma.

Campaign History and benefits

- This video gives a [short history of the campaign](#).
- The campaign has won numerous awards including in 2020 two Communique awards for Public Health Communications and Excellence in Media Relations.
- The *Not Every Disability is Visible* campaign was originally inspired by Grace Warnock, who lives with Crohn's Disease. At the age of 11, Grace found herself facing judgment from strangers when using accessible toilets in public. Determined to change this, Grace created her own accessible toilet sign that was more inclusive of people with invisible disabilities.
- Our campaign has gone from strength to strength, with over 3,000 venues across the UK installing our signage. Supermarkets, restaurants, entertainment venues and travel hubs alike have joined the campaign. Supporters include Asda, Morrison's, Tesco, Waitrose and Sainsbury's as well as Nando's, Wetherspoons, Gatwick Airport and Moto Hospitality to name but a few.
- Pledging to the campaign is a small gesture with a huge positive impact on the community: **83% of people with Crohn's and Colitis said that they felt more comfortable visiting places with the Not Every Disability is Visible signs.⁷**

Sign costings

- We have large temporary stickers of the sign that we can provide you.

⁴ Immunology_DoF_25Jan2019_MI_PC_001 (unpublished data from Toilet Consortium UK's 2017 Survey, July 2017)

⁵ Immunology_DoF_19MAR2019_MI_SG_001 (unpublished data from Not Every Disability is Visible 2019 Patient Survey, March 2019).

⁶ Immunology_DoF_08MAR2019_PC_002 (Not Every Disability is Visible 2019 Public Survey, March 2019).

⁷ Crohn's & Colitis UK campaigner survey, November 2019

- For more permanent signage, prices can be as cheap as £12.50 each to create and install, with most of the costing being the installation fee.
- Companies have either used our signs or incorporated the sign into their own brand. You can see some examples [here](#).

Supporting you

- We have a volunteer groups across the UK, they could form part of a working to help implement the signs and staff training.
- We'd be happy to provide training to educate staff on the conditions.
- We'd be happy to advise and review your final signs.
- Upon installation of the signs and commitment to train staff we'd publicise across our channels your involvement in the campaign.

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Quote from Wokingham resident with Crohn's Disease:

"I always plan my day around toilet access – this would involve making sure I go to the toilet before I leave my home and avoiding eating/drinking until I'm back home to reduce the number of times I might need to go.

I have avoided going out in my local area since the pandemic started unless it's a quick trip because so many public toilets were made inaccessible during this time. This of course only added to my anxiety of struggling to find access to a toilet in time and so I felt that the best solution was just to avoid being out for long altogether.

If I do use a public toilet I try to stick to places where I know there are plenty toilets (less queues and not as embarrassing as during flares my stools would often smell) but lack of cleanliness in most public toilets and not knowing where the closest toilets might be, all feed into the worries I have around accessing facilities when needed.

In other areas, on several occasions, I've experienced discrimination for using accessible toilets when desperate to go. I've either been told by other people waiting for the toilet that, "I don't look disabled" or refused access by staff/toilet attendants altogether. Whenever I have needed to access public toilets, I try to use regular toilets [rather than accessible toilets] as the discrimination from previous experiences has made me feel like I need to accommodate others and minimize my own needs purely because my disability is not visible.

Although I have a Crohn's & Colitis UK Can't Wait Card, several restaurants in the local area have refused access unless I'm a paying customer and this has become even more of a concern since Covid.

It would be great if Wokingham Council could display signs to indicate that not all disabilities are visible to avoid having to deal with the discrimination that we do and to reassure those of us with hidden disabilities that we can request for companies to allow us access without needing to be paying customers. The urgency to go can be incredibly embarrassing to deal with when refused access; if they could come up with a solution to avoid this happening then that would really help us overcome the fears, we have around accessing facilities."

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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
21 February 2022 (extraordinary)	Maternity Services	To seek assurance	To seek assurance	RBH
	Update on implementation of Winter Plan	To seek assurance	To seek assurance	RBH

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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
	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
	Health integration	To receive an update on the integration programme of work	To seek assurance	Lewis Willing
	ASC KPI's	To seek assurance		Matt Pope
	Health Consultation Report	Challenge item	Challenge item	Democratic Services

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

Currently unscheduled topics:

- Optalis - To receive a further briefing on potential changes to services in Wokingham
- Update on implementation of recommendations from Healthwatch report re carers
- Outcome of Winter Access Fund - CCG
- 2022 - Update on ICS and implications for Wokingham Borough
- Autism Strategy
- Continence service

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
- **OPHPA** – 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