



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **MONDAY 6 NOVEMBER 2023 AT 7.00 PM**

Susan Parsonage
Chief Executive
Published on 27 October 2023

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.

This meeting may be filmed for inclusion on the Council’s website.

Note: Non-Committee Members and members of the public are welcome to attend the meeting or participate in the 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://youtube.com/live/BWsE_k29tUc?feature=share

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

| | | |
|-----------------------|---|---------------|
| Adrian Mather (Chair) | Rachelle Shepherd-DuBey (Vice-Chair) | Beth Rowland |
| Phil Cunnington | Rebecca Margetts | Alistair Neal |
| Jackie Rance | Tony Skuse | Shahid Younis |

Substitutes

| | | |
|-------------------|----------------|---------------|
| Alison Swaddle | Andy Croy | Chris Johnson |
| Pauline Jorgensen | Morag Malvern | Jane Ainslie |
| Graham Howe | Caroline Smith | Bill Soane |

| ITEM NO. | WARD | SUBJECT | PAGE NO. |
|----------|---------------|--|-----------|
| 32. | | APOLOGIES To receive any apologies for absence | |
| 33. | | MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 19 September 2023. | 5 - 14 |
| 34. | | DECLARATION OF INTEREST To receive any declarations of interest | |
| 35. | | 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 | |
| 36. | | MEMBER QUESTION TIME To answer any member questions | |
| 37. | None Specific | SOCIAL CARE FUTURES To receive a presentation on Social Care Futures. | To Follow |

| | | | |
|------------|---------------|--|----------------|
| 38. | None Specific | ADULT SOCIAL CARE WORKFORCE STRATEGY UPDATE To receive the Adult Social Care Workforce Strategy Update. | 15 - 24 |
| 39. | None Specific | SEASONAL VACCINE UPDATE To receive the seasonal vaccine update. | 25 - 34 |
| 40. | None Specific | HEALTHWATCH WOKINGHAM BOROUGH UPDATE To receive an update on the work of Healthwatch Wokingham Borough and the Wokingham Medical Centre Enter and View Report. | 35 - 86 |
| 41. | None Specific | FORWARD PROGRAMME AND ACTION TRACKER To consider the forward programme for the remainder of the municipal year and the action tracker. | 87 - 90 |

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.

CONTACT OFFICER

Madeleine Shopland
Tel
Email
Postal Address

Democratic & Electoral Services Specialist
0118 237 9560
madeleine.shopland@wokingham.gov.uk
Civic Offices, Shute End, Wokingham, RG40 1BN

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 19 SEPTEMBER 2023 FROM 7.00 PM TO 9.05 PM**

Committee Members Present

Councillors: Adrian Mather (Chair), Beth Rowland, Phil Cunnington, Rebecca Margetts, Jackie Rance, Tony Skuse and Caroline Smith (substituting Alistair Neal)

Others Present

Alice Kunjappy-Clifton, Healthwatch Wokingham Borough
David Hare, Executive Member Health, Wellbeing and Adult Services
Madeleine Shopland, Democratic & Electoral Services Specialist
Wesley Hedger, Assistant Director Adult Social Care Strategy, Commissioning and Performance
Ingrid Slade, Director Public Health
Hugh O’Keeffe, Senior Commissioning Manager, Dental NHS England
Nilesh Patel, Chair Thames Valley Local Dental Network

22. APOLOGIES

Apologies for absence were submitted from Alistair Neal and Shahid Younis.

Rachelle Shepherd-Dubey attended the meeting online.

23. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 5 July 2023 were confirmed as a correct record and signed by the Chair.

24. DECLARATION OF INTEREST

There were no declarations of interest.

25. PUBLIC QUESTION TIME

There were no public questions.

26. MEMBER QUESTION TIME

There were no Member questions.

27. UPDATE ON DENTAL SERVICES IN WOKINGHAM BOROUGH

The Committee received an update on dental services in Wokingham Borough.

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

- Hugh O’Keeffe commented that patients attending over a two year period had fallen dramatically over the pandemic. Improvements were being seen but had attendance levels had started to plateau since early 2023.
- Members were provided with information regarding commissioned activity in January and June 2023. In April the Beanoak surgery had handed back its NHS contract of around 10,000 units of activity. It was one of approximately 15 practices that had handed back its contract since 2021. Temporary activity had been put in place to cover this, and practices in Woodley and Bracknell were providing cover currently. A plan for recommissioning this activity on a permanent basis, from April 2024, was being developed.

- With regards to delivery of activity, practices had to deliver a certain percentage of activity that had been commissioned in order to retain a level of funding. Performance had dropped significantly during the pandemic, and then improved in 2021-22. Forecasted activity had been exceeded by the end of the year. During 2022/23 the overall activity delivered in BOB was 80.34% of that commissioned. Berkshire West and Wokingham had performed slightly better.
- Those who had not attended a dentist for some time often had more complex dental needs and required lengthier treatments.
- Many access challenges remained, particularly for those who had not visited a dental surgery for some time. Often these were from vulnerable groups. Much of the recovery of access had related to practices recalling patients who had previously attended.
- It was noted that a third of the queries with the NHS England contact centre regarding dental practices, between January and December 2022, had come from the Earley area.
- The Committee was updated on action being taken to improve access.
- Changes had been made to the national contracts. These were designed to improve dentist remuneration in terms of more complex treatments, expand capacity by allowing practices to deliver more contracted activity, and to provide more information for patients. Further changes to the contract were anticipated over the next few months.
- Some practices had provided additional access sessions. Take up in BOB had been quite low.
- Members were reminded of Flexible Commissioning. The pilot would run June 2023 to March 2024. Under this up to 10% of contracts could be flexed and activity targets converted to additional access sessions. It was hoped that this would help to support more vulnerable groups. 30 practices had signed up in BOB (2 in Wokingham) and it was planned for 3,000 sessions to be delivered (148 in Wokingham). Between June and August 2023 18 sessions had been held in Wokingham and 62 patients seen.
- There had been investment in the referral services to try to recover the pre pandemic position and progress was being made.
- A Member commented that several practices had left the NHS and questioned if these practices were asked their reasons for leaving and what might make them wish to stay with the NHS contract. Hugh O’Keeffe stated that when a practice left the NHS an ‘exit interview’ was undertaken. Rural and coastal areas were experiencing greater challenges around workforce retention and recruitment, leading to increased loss of practices in these areas. Locally, the flexible commissioning scheme was being designed in conjunction with dental professionals. Nilesh Patel added that it was becoming harder to work in the confines of the system. Nationally inflation was increasing, however, the government had announced that they would increase the uplift dental practice expense by only 3%. Whilst he believed that flexible commissioning was beneficial it was still difficult.
- Members asked how vulnerable groups were being made aware of additional access sessions. Hugh O’Keeffe stated that information had been provided to Healthwatches to make available but there had not been a big advertising campaign. Whilst it was important that vulnerable service users’ needs were met, it was also important that practices were not overwhelmed. He hoped that more practices would sign up to the flexible commissioning pilot.
- In response to a question Nilesh Patel indicated that there were Local Dental Committees in Buckinghamshire, Oxfordshire, and Berkshire West. With regards to

the pilot, he felt that other practices may come on board if they saw it working well in other areas.

- Members asked if more could be done to stop practices handing back their NHS contracts. Hugh O’Keeffe indicated that locally work was being undertaken within the confines of the contract. He reminded Members of the investment in referral services to help wait lists recover. There was also a recommissioning programme of primary care.
- The Committee questioned when pre covid levels of attendance were likely to be achieved. Hugh O’Keeffe stated that this would be more difficult in areas where workforce was a greater challenge. There also continued to be issues with patients who had had gaps in their treatment because of the pandemic, leading to more complex and greater treatment needs.
- Members referred to the new minimum indicative UDA value of £23. Hugh O’Keeffe commented that a review had been long overdue. Nilesh Patel added that whilst the minimum had been raised, £23 was still not very attractive to dentists. He wanted to see access levels improve above pre pandemic levels so that those who did not fit into the categories of vulnerable groups or regular attendees could also be seen.
- Nilesh Patel suggested that it would be helpful if the patient representatives sought information about the budgets, how money was spent on dentistry, how much was allocated to dentistry, what was not spent, and how that money which was not spent on dentistry, could be spent.
- The Chair questioned whether dental services had a relief fund for those who might struggle to afford their treatment. Hugh O’Keeffe indicated that some patients were exempt from charges. Alice Kunjappy-Clifton commented that pregnant women were exempt for 1 year, but some had not been able to make use of this eligibility as they had been unable to access treatment whilst eligible. Hugh O’Keeffe commented that flexible commissioning was helping to address this.
- The Committee requested a further update in the future, including information around the flexible commissioning pilot.
- A Member questioned what percentage of patients were private patients. Hugh O’Keeffe stated that approximately 50% were NHS, 30% private and 20% did not attend. A higher proportion of private service users was more common in more affluent areas.
- The Committee briefly discussed budgets. Members were informed that not all the budget was spent, and that money could be recovered should a practice not achieve its targets. The recovery in BOB this year was around £14,000,000.
- Members asked how Wokingham could improve with regards to children under 5 experiencing dental decay. Hugh O’Keeffe commented that Slough was one of the worst areas for oral health in the country and the Starting Well programme which focused on getting under 2’s to see a dentist was being rolled out in this area prior to the pandemic. It was hoped that this would restart and be extended.
- In response to how children with special needs were treated, Members were informed that so far as possible they would access high street dental services, but community dental services could be used if this was not appropriate.
- A Member commented that some professions were losing colleagues to abroad where they could earn more and have a lower cost of living. They queried whether this was an issue in dentistry. Nilesh Patel responded that this was not a big issue. However, more dentists were moving from NHS to private services.

RESOLVED: That the update on dental services in Wokingham Borough be noted and Hugh O’Keeffe and Nilesh Patel thanked for their presentations.

28. ASC SPECIALIST ACCOMMODATION PROJECT

The Committee received a presentation on the ASC Specialist Accommodation Project.

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

- Wesley Hedger outlined how the programme had come to be. Reflecting on the Learning Disability Community Wokingham Borough Council's Learning Disability Strategy 2019, and how the Council could support people to live independently as possible in the community, it was considered that the number of adults with learning disabilities, supported in Wokingham, was higher than many other parts of the country. As the local population increased the number of those with learning disabilities needing support was also likely to increase. In addition, a number of people had been living in accommodation which was now considered to be unsuitable.
- A strategic aim was to maximise independence and the opportunity for people to stay in their own home through a strength based approach to care and support.
- Aims of the programme included –
 - Reducing residential care placements, especially for those with learning disabilities;
 - Providing support within the local Borough where possible and developing provision including alternatives to traditional residential care, through greater use of supported accommodation, shared lives etc;
 - A greater use of technology to increase efficiency and improve outcomes throughout;
 - Increasing partnerships with care providers and neighbouring authorities to address unmet needs, especially around complex disabilities and challenging behaviours.
- There had been various sources of funding including WBC Capital Programme bid, NHS funding, Homes England Grant, S106 developer contributions, Housing Revenue Account and utilising borrowing through Loddon Homes.
- Optalis and Specialist Mental Health and complex needs providers had been involved in the care commissioning process.
- Whilst the programme had been led by Adult Social Care, it involved and brought together a number of different Council departments, such as Property Services.
- Phase 1 of the project had been delivered and 36 people had now been accommodated. The percentage of people living in their own home was steadily increasing.
- The Committee viewed a video regarding the ASC Specialist Accommodation Project.
- The Council had been successful in getting a LGA Housing Advisor Programme grant which would help with understanding what was needed next for the project. Phase 2 was due to begin. One of the most difficult elements was the matching of people with accommodation.
- The Council had won a Municipal Journal Award for Best Practice for the programme.
- A Member asked how Adult Services worked with Children's Services to identify those who would be transitioning between the services, to help them become more independent. Wesley Hedger stated that there was a Transition Team which began engaging at age 16.
- A Member queried whether consideration was being given to the allocation of new build properties given the level of development within the Borough, and was

informed that the programme helped to move away from registered provision. The programme had enabled close working between Adult Services and Property Services, enabling conversations around developer contributions in schemes identified.

- In response to a question about lessons learnt from Phase 1, Wesley Hedger stated that traditionally houses had been considered as accommodation and the LGA Advisor programme advised that cluster flats were now best practice. In addition, there was a need to work with and have ongoing conversations with developers to ensure a continued supply of accommodation.
- Wesley Hedger confirmed that a mix of accommodation would be used and that there would not be a total move away from houses.
- A Member stated that the Highwood Bungalow was situated in her ward, and she had received only praise in relation to it from residents.

RESOLVED: That the presentation on the ASC Specialist Accommodation Project be noted and Wesley Hedger thanked for his presentation.

29. HOME CARE

Wesley Hedger provided a presentation about Home Care (Domiciliary Care).

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

- Domiciliary care services provided regulated activity of 'personal care' for people living in their own homes. The needs of service users varied greatly but care packages were targeted to individual circumstances.
- Domiciliary care services were regulated by the Care Quality Commission.
- Service users were usually aged 65+. They would be visited at various times of the day, or in some cases care would be provided over the full 24 hours.
- Support could include help with washing, bathing, cleaning themselves, and toileting.
- The Council had a duty to maintain the market and to ensure that care provided was safe and affordable and that there was sufficient choice in the local area.
- The market was a mixture of local authority commissioned domiciliary care and self-funders. Wokingham's market also included neighbouring local authorities and some providers who were registered in those areas but provided services to Wokingham residents.
- Capacity in 50 providers registered for domiciliary care was monitored through the NHS capacity tracker.
- Care was delivered to 2,100 people, not all of whom lived in the Borough.
- Approximately 7,100 hours of care were commissioned per week.
- Members were informed that there were 507 clients who were funded by WBC and approximately £7million was spent per annum.
- A Care and Support Framework was used to commission care. This was an initial 5 year arrangement – an initial 3 year arrangement until 31 October 2024 with an option to extend for a further 2 year period. The Council commissioned off framework if required.
- The rates paid by the Council for care had been supported by an independent cost of care exercise which had included provider input.
- The Council sought to minimise the use of 15 minute calls.
- As the local population grew the number of people requiring care was likely to increase and be required for longer periods.

- There were in the region of 619 self-funders in the Borough, however, self-funders were not required to inform the Council that they were paying for their own care.
- A high number of providers in and around the Borough worked exclusively with the self-funders market.
- How quality was ensured included –
 - Competitive process to join the Care and Support Framework;
 - Finance checks, insurance checks, health and safety, safeguarding and a demonstration of an ability to deliver the services;
 - Current CQC ratings;
 - Advice, support and monitoring provided by the Quality Assurance team;
 - Contract managing visits undertaken by Commissioning.
- Provider failure was monitored and over the last 24 months only 3 providers had exited the market and ceased trading for a number of reasons.
- Additional support available to home care providers was highlighted.
- Members questioned whether workforce shortage was an issue. Wesley Hedger indicated that recruitment, rates of pay and funding available were issues across the whole sector. However, there was not a struggle to find care.
- In response to a question about complaints, Wesley Hedger responded that complaints would be looked at through the complaints procedure. There were recruitment struggles and providers would seek to find a level of funding that they believed to be sufficient. Under the annual uplift process there was an appeals process around money related complaints. However, there was not a high level of complaints received.
- A Member commented that recent inflationary pressures were causing peoples' savings to deplete quicker, potentially increasing the number of those who would require support from the local authority. Providers were also experiencing inflationary pressures. They went on to ask whether the Council was able to fully fund the care packages required by residents. Wesley Hedger responded that in addition to inflation, the National Living Wage had an impact on the sector, and any increases in this also impacted rates paid. In terms of rates paid, last year a 7% uplift was provided for the sector as a whole. There was not currently an issue commissioning care under the framework, but individuals needs changed over time. Annual reviews and monitoring were undertaken.
- Members asked about future planning. Wesley Hedger commented that the market was volatile in terms of the National Living Wage. It was believed that there was sufficient budget to meet demand in the next year. It was important to have the best mechanisms for procurement in place to ensure best value.
- In response to a question regarding provider failure, Wesley Hedger indicated that it was the responsibility of the host local authority to support in the transition to a new service. If the service user was funded by the local authority, it was also the responsibility of the local authority to source alternative provision.
- Members felt that it was encouraging that the use of 15 minute calls was being minimised. The population was ageing with increasingly complex needs and 15 minutes was often too short to meet individuals' needs sufficiently.
- The Committee requested a more detailed update on domiciliary care at a future meeting, and that this include information regarding budgets, actuals, and the different providers. Wesley Hedger indicated that the detailed annual Market Position Statement could also be provided and information regarding the cost of care exercise.

RESOLVED: That the presentation on home care be noted and Wesley Hedger thanked for his presentation.

30. UPDATE FROM HEALTHWATCH WOKINGHAM BOROUGH

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

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

- Members were informed that the Enter and View Report for Wokingham Medical Centre had been published and would be discussed at a future meeting.
- In April Healthwatch had asked the public what three health and social care priorities they would like Healthwatch to look at. Access to GP appointments had been identified as an area of concern and focus groups would be undertaken in September to November, around patients' experiences of booking GP appointments. New ways of working would also be shared at these workshops as many people were unclear about new ways of working. Vulnerable groups would also be asked about their experiences. A report would hopefully be brought to the Committee in March.
- Healthwatch was still looking at dentistry. Information about the experiences of pregnant women and people with learning disabilities had been sought. Alice Kunjappy-Clifton indicated that she had had conversations with Hugh O'Keeffe as to how the experience for these cohorts could be improved.
- Last year NHS England had published a report around maternal mental health which indicated that 1 in 4 women were not receiving mental health checks at their surgeries during their 6 weeks post-natal checks. GPs would be asked to look at this service again. It was noted that 18% of women who committed suicide were in the first year of childbirth.
- The BOB Healthwatches would be supporting the All Age Transformation Continuing Healthcare Programme.
- Members were informed that communities were becoming more ethnically diverse and that some people were struggling with information standards. Healthwatch would be looking at information for those whose first language was not English, and also for those who were deaf.
- Alice Kunjappy-Clifton referred to work relating to asylum seekers' experiences.
- Many were struggling with the cost of living of crisis. People had raised difficulties in travelling to appointments because of transport costs, and also the cost of prescriptions.
- A Member questioned why some GP surgeries were not offering Covid booster vaccinations. Alice Kunjappy-Clifton indicated that people could use the national booking service to locate the nearest appointments.

RESOLVED: That the update from Healthwatch Wokingham Borough be noted and Alice Kunjappy-Clifton thanked for her presentation.

31. ADULT SERVICES KEY PERFORMANCE INDICATORS

The Committee received the Adult Services Key Performance Indicators Q1.

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

- It was noted performance against AS9 a and b 'Annual measure: Increase in healthy life expectancy at age 65 (males/females)' had worsened for females. Ingrid Slade explained that whilst there had been a decrease this was not an area of concern, and Wokingham was not out of step with other local authorities. The focus was now more around disease free years and increased quality of life.

- Performance against AS1 'Social work assessments allocated to commence within 28 days of the requests (counted at point of allocation)' had improved for August. A redesign of the pathway and how allocations were undertaken under this using more specialised teams, had been completed in the last few months. It was anticipated that performance against AS1 would improve in the next quarter.
- Whilst performance against AS4 'New permanent admissions to residential or nursing care homes (65+) (ASCOF Measure 2A2)' had reduced, performance was still better than other neighbouring local authorities, and reflected increased volume and complexity of cases. A Member questioned whether this increased complexity and volume meant that performance against this indicator was likely to remain red. Wesley Hedger indicated that the increase in referrals was high, but that the redesign of the pathway, moving away from a more generalised approach, would enable the signposting to more appropriate specialist teams, and help ensure that referrals were made quicker.
- A Member commented that performance against AS1 'Social work assessments allocated to commence within 28 days of the requests (counted at point of allocation)' was often red. They questioned the reason for this. Wesley Hedger stated that as people approached the 28 day period a risk assessment was carried out through a risk matrix, and if a risk was identified, people were signposted appropriately. Adult social care as a whole remained under pressure, and that retention and recruitment remained a challenge. The Council had a Workforce Strategy in place. He agreed to provide a more detailed written response.
- With regards to AS10 'Annual measure: Percentage of adults classified as overweight or obese', Ingrid Slade commented that performance was similar to national trends and also a post pandemic trend. There was a lack of physical activity generally across the pandemic. Public Health was working with Sports and Leisure to deal with the effects of this in a strategic way. Whilst there was a lot of initiatives available, they were not currently well joined up. Further consideration needed to be given to developing an offer for those who were obese or overweight, which was broader than that, that had been previously available.

RESOLVED: That the Adult Services Key Performance Indicators be noted.

32. 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:

- The Committee requested that a more detailed update be provided on home care, linked to the Market Provision Statement.
- The Chair indicated that he had met with the Woosehill GP Surgery PPG. It had been suggested that a business case would be required around an additional GP Surgery to cover Wokingham.
- A Member suggested that the currently unscheduled items on GP access and communicating different ways of working be scheduled as two separate items. Councillor Hare indicated that Healthwatch was undertaking work around these areas and could update as their work progressed.
- A Member asked about GP provision for the Arborfield area. Councillor Hare agreed to follow up on this.

- It was agreed that maternal mental health be scheduled for the first meeting of the 2024 municipal year, and that this include training for midwives around mental health.

RESOLVED: That the forward programme be noted.

This page is intentionally left blank

Adult Social Care Workforce Strategy Update

15

HOSC – 6th November 2023

Adult Social Care Workforce Strategy

Launched in 2022 with a key purpose:

The strategy sets out a four-year framework for the adult social care workforce in the borough of Wokingham, which will enhance the capacity, skills, diversity, and competence of our workforce, with the aim of increasing stability and career opportunities within the sector.

16

Three main themes:

- Recruitment and Retention
- Workforce Development
- Wellbeing

Recruitment and Retention - progress update

Recruitment and Retention

- Induction has been reviewed and embedded into the induction process for WBC ASC staff
- Undertaken a pilot project for 'stay interviews' – overall positive feedback
- A dedicated ASC Recruitment page on WBC website
- Reviewed non-financial reward package and incorporated this into recruitment packs for all WBC applicants
- Corporately, the council has invested in 'AdWarrior' Jobs board and ASC and Children's Services have negotiated a joint package for unlimited advertising on the 'Community Care' jobs board which has significantly increased the number of applications and increased the number of successful appointments for ASC roles

Recruitment and Retention - progress update (continued)

- Increased use of social media (LinkedIn, Facebook etc) to promote WBC roles
- Undertaken a salary review of Registered Social Work and Occupational Therapy roles to remain competitive in the local job market
- Implemented a pay progression route/criteria for non-registered staff in ASC to improve retention and career progression opportunities

Workforce Development – progress update

- Continuous Professional Development (CPD) tools have been developed and shared with staff
- Social Work Apprenticeships – 5 completed, qualified and 4 retained. 6 currently undertaking
- Occupational Therapy Apprenticeships - 3 currently undertaking
- Assessed Supported Year in Employment (ASYE) – Newly qualified Social Workers. Since 2021, 10 completed and 9 retained. 7 currently undertaking
- Skills audit for ASYE programme undertaken by Skills for Care – Positive feedback and outcomes. Principal Social Worker currently chairing Berkshire moderation panel
- Developed a Career Progression Guide for to provide career pathway information to ASC staff
- Values and behaviours training commissioned via CLASP and promoted across teams
- Updated data held on HR system to assist with future workforce planning and regular reviews in place
- Promotion events for Social Care Providers to highlight the benefits of engaging with the Adult Social Care Workforce Data Set – Access to free training, provides better workforce intelligence etc

Wellbeing – progress update

- Hosted and facilitated event for national Mental Health Awareness Day with external speakers and various workshops
- Access to Wellbeing Matters workshops delivered and funded by BHFT (funding now withdrawn)
- Promotion of wellbeing resources available to staff in conjunction with Public Health
- Regular analysis of sickness and absence reasons to identify trends and identify potential solutions

Local Government Association (LGA) Health Check Survey

- Annual Employer Standards Health Check is one of the largest workforce surveys in the UK designed to collate views of social care staff across the country. It includes Recruitment and Retention, Workforce Development and Wellbeing
- The survey asks views in relation to each of the 8 Employee Standards
- 80 responses received this year from staff in frontline teams, which is highest we have ever received
- Really high level of positive feedback received from all groups.
- Overall mean score for all employer standards compared with other participating organisations: 3rd Regionally and 18th Nationally
- Action plan developed for those areas we could improve

Planned Future Activity

Recruitment and Retention

- Developing a timetable of ongoing attendance at key Careers events to promote roles in WBC ASC
- Adding a Voluntary Sector recruitment page to the ASC recruitment page on the WBC web pages
- A targeted recruitment campaign for WBC ASC roles, highlighting the benefits of living and working in Wokingham and supported by soundbites and videos from staff
- Scope possibility and possible resource to embed stay interviews as an ongoing tool to retention

Planned Future Activity

Workforce Development

- Continue and further develop opportunities offered, including an extensive training programme and our apprenticeship and ASYE programmes
- Work with newly appointed Co-Production Lead to develop and implement a Values and Behaviours framework for ASC
- CLT report planned to recommend 'work experience' opportunities using a range of models, including T-Levels

Wellbeing

- Activity through a corporate 'Modern Workforce Concept' currently being planned will support wellbeing initiatives

Any questions?



Seasonal vaccines update

25

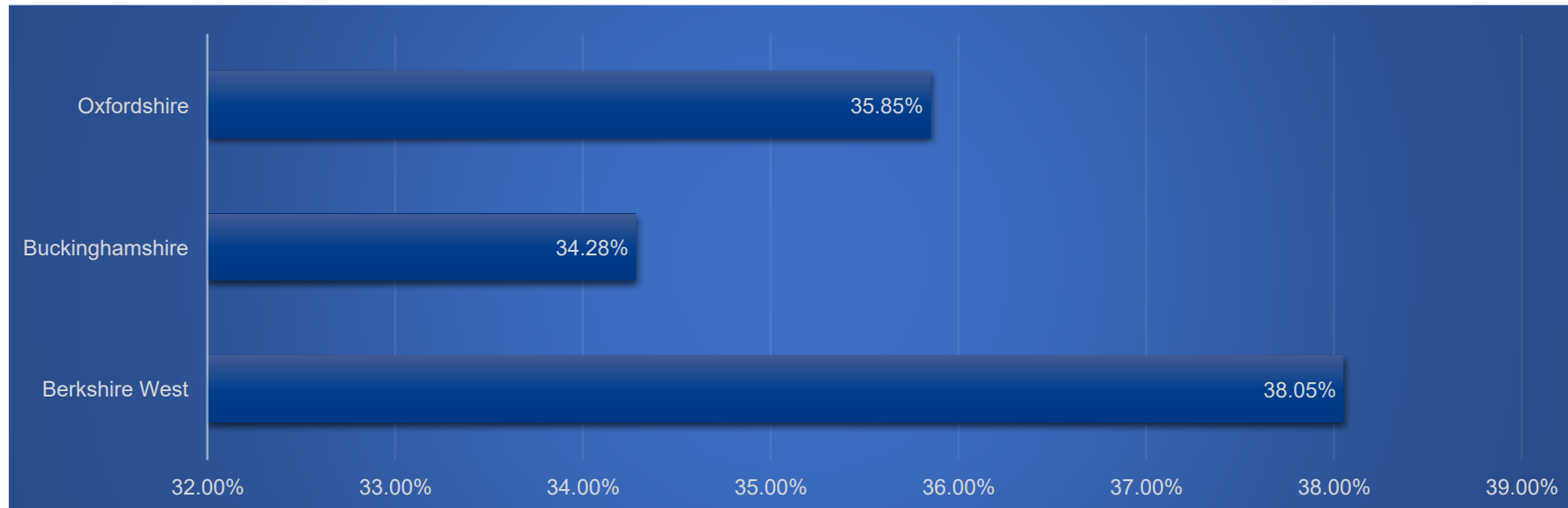
Wokingham HOSC
6th November 2023

Agenda Item 39.

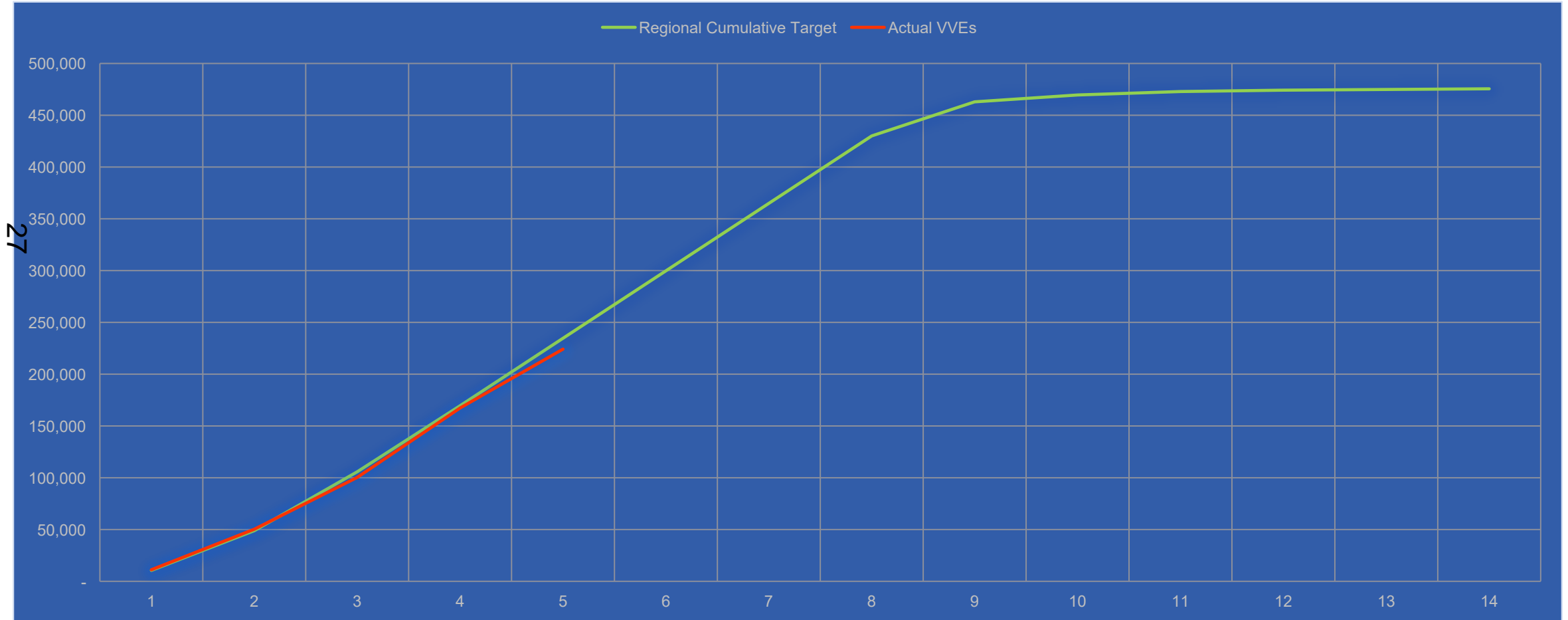
Covid-19 uptake to date

| CCG | PCN | Eligible Population | Regional Uptake Target (72%) | Week No 6 - w/c 16/10/23 | | |
|----------------|------------------------------|---------------------|------------------------------|--------------------------|----------|--------------------------|
| | | | | AW Doses | % Uptake | Outstanding Vaccinations |
| Berkshire West | EARLEY + PCN | 10,237 | 7,371 | 3,681 | 35.96 | 6,556 |
| Berkshire West | MODALITY WOKINGHAM PCN | 9,739 | 7,012 | 3,663 | 37.61 | 6,076 |
| Berkshire West | PHOENIX PCN | 9,496 | 6,837 | 2,834 | 29.84 | 6,662 |
| Berkshire West | WOKINGHAM NORTH PCN | 12,690 | 9,137 | 4,509 | 35.53 | 8,181 |
| Berkshire West | WOKINGHAM SOUTH PCN | 11,087 | 7,983 | 3,801 | 34.28 | 7,286 |
| Berkshire West | WOOSEHILL AND CROWTHORNE PCN | 7,942 | 5,718 | 3,533 | 44.49 | 4,409 |
| Totals | | 61,191 | 44,058 | 22,021 | 35.99 | 39,170 |

26



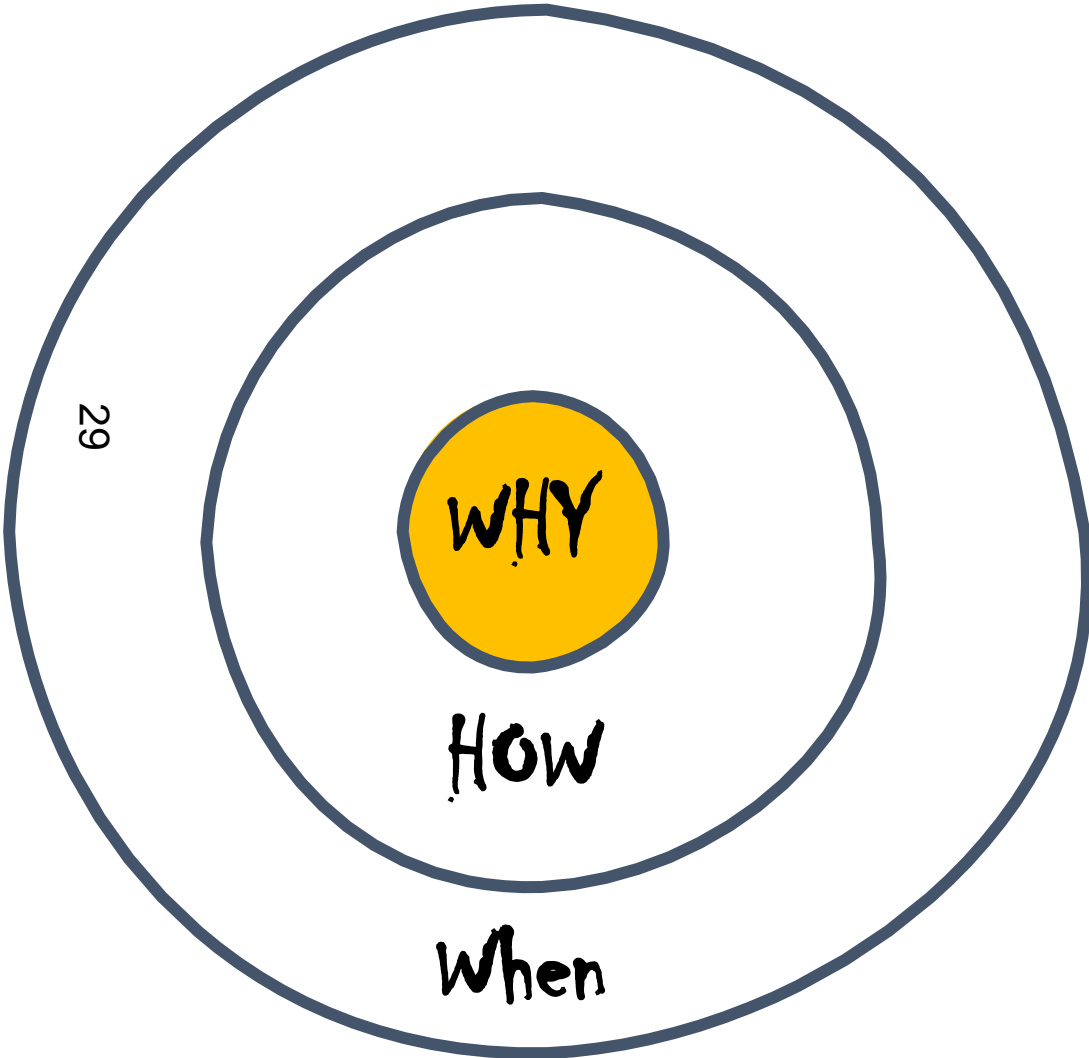
Covid-19 uptake to date (BOB)



Covid-19 uptake by ethnicity (BOB)

| Ethnicity Description | Total Eligible Population | Vaccinations | Remaining Eligible | % Uptake |
|--|---------------------------|----------------|--------------------|--------------|
| 99: Not known | 12,688 | 3,438 | 9,250 | 27.10 |
| A: White - British | 514,696 | 206,706 | 307,990 | 40.16 |
| B: White - Irish | 5,691 | 2,165 | 3,526 | 38.04 |
| C: White - Any other White background | 46,469 | 13,225 | 33,244 | 28.46 |
| D: Mixed - White and Black Caribbean | 1,904 | 289 | 1,615 | 15.18 |
| E: Mixed - White and Black African | 1,937 | 232 | 1,705 | 11.98 |
| F: Mixed - White and Asian | 2,146 | 361 | 1,785 | 16.82 |
| G: Mixed - Any other Mixed background | 3,654 | 680 | 2,974 | 18.61 |
| H: Asian or Asian British - Indian | 18,680 | 3,122 | 15,558 | 16.71 |
| J: Asian or Asian British - Pakistani | 13,793 | 1026 | 12,767 | 7.44 |
| K: Asian or Asian British - Bangladeshi | 1,668 | 185 | 1,483 | 11.09 |
| L: Asian or Asian British - Any other Asian background | 12,376 | 2,223 | 10,153 | 17.96 |
| M: Black or Black British - Caribbean | 3,810 | 756 | 3,054 | 19.84 |
| N: Black or Black British - African | 7,060 | 697 | 6,363 | 9.87 |
| P: Black or Black British - Any other Black background | 2,669 | 368 | 2,301 | 13.79 |
| R: Other ethnic groups - Chinese | 5,002 | 876 | 4,126 | 17.51 |
| S: Other ethnic groups - Any other ethnic group | 9,501 | 2,062 | 7,439 | 21.70 |
| Total | 663,744 | 238,411 | 425,333 | 35.92 |
| Data Source Foundry 16th October | | | | |

ICB comms Why, How, When



WHY – encourage key groups to take up seasonal vaccines offer. To stay well and avoid hospital admission this winter.

HOW – use appropriate channels, system wide + Place engagement where appropriate: support/ amplify/ monitor consistency with local teams.
Liaise with Place leads with vaccine funding to ensure no comms overlap.

- StayWell: [Covid-19 and flu vaccines - Stay Well](#)
- Social media
- Hard copy materials/ translations/ other media
- Make use of existing Place networks
- Use BOB ICB Community Engagement in outreach work

WHEN – mid Sept 2023 to end of Jan 2024

Live BOB wide activities

- Public facing map of COVID clinics produced - [ICB Stay Well site](#) downloadable on Stay Well.
- Promotion of pop-up clinics on web and social media.
- All digital and physical materials to have tracked QR code/ link (See appendix)
- Ad van visiting low uptake areas, pop-up clinic postcodes, minority ethnic venues (churches/ mosques), and high footfall areas
- Suite of BOB produced [downloadable materials](#): *'The more people vaccinated: the better our defence'*
- ³⁰ Weekly update to Place partner and stakeholder comms leads
- Bus stops: 9-23 Oct and Bus rear ads: 2-27 Oct
- 2 press releases published - Rachael Corser interview with BBC Radio Berkshire
- 5 million vaccines press release prepped for mid Oct (plus social/ web promo)
- Provided Head Community Nurse and colleagues with materials for housebound, LD, at risk and pregnant
- Regular engagement with Your Health: Your Choice, CLASP and Talkback (Learning disabilities charities)
- Messaging to ICB staff, GP locums via GP bulletin, GP surgery digi screens,

Live materials



Ad van visiting BOB wide, low uptake postcodes

THE MORE PEOPLE VACCINATED THE BETTER OUR DEFENCE

FLU VACCINE

The NHS offers an alternative to the nasal spray flu vaccine for children. Given as an injection, it does not contain gelatine.

THE MORE PEOPLE VACCINATED THE BETTER OUR DEFENCE

FLU + COVID-19

- Do you have a learning disability?
- Get your COVID-19 and flu vaccines this winter.

THE MORE PEOPLE VACCINATED THE BETTER OUR DEFENCE

FLU VACCINE

The children's nasal spray flu vaccine is safe and effective. It's offered every year to help protect them against flu.

THE MORE PEOPLE VACCINATED THE BETTER OUR DEFENCE

FLU + COVID-19

Pregnant? Improve you and your baby's defences against COVID-19 and flu. Both vaccines are safe, effective, and the best protection for you and your baby.

THE MORE PEOPLE VACCINATED THE BETTER OUR DEFENCE

FLU + COVID-19

Flu and COVID-19 can be life threatening. Protect yourself and the people you care for by booking your vaccine when invited. For more information visit: bit.ly/seasonalvaccines

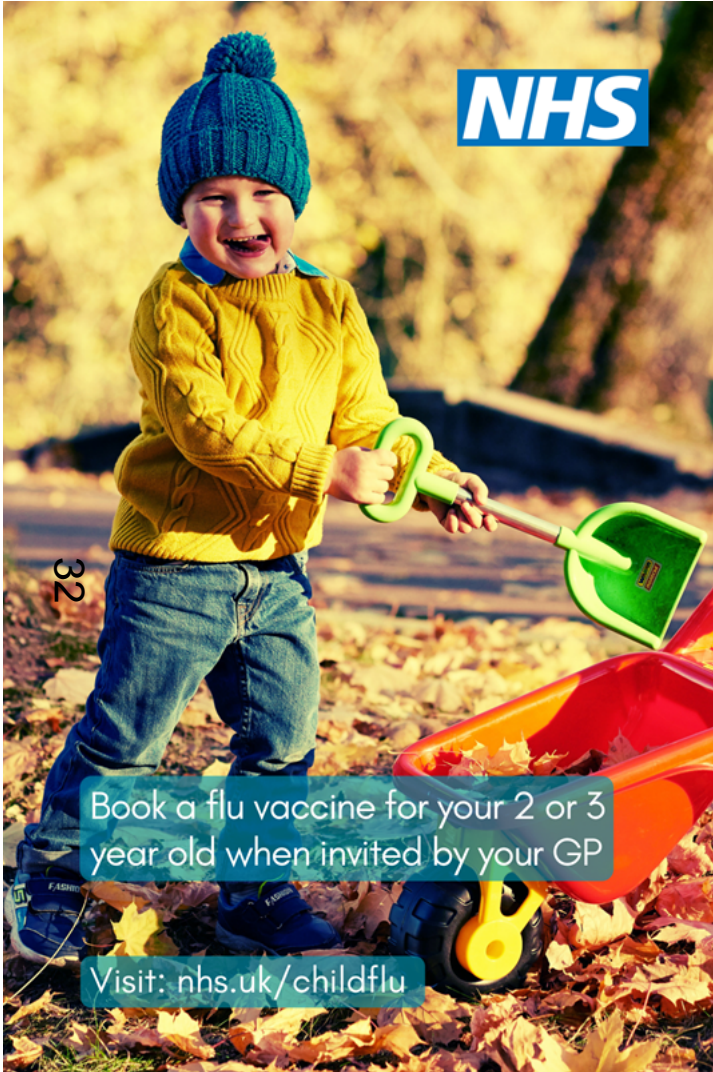
THE MORE PEOPLE VACCINATED THE BETTER OUR DEFENCE

FLU + COVID-19

Carers care, it's in the job description! But, sometimes you need to think about yourself too. COVID-19 and flu protects you and those you care for.

Social media ads: 2&3/ primary/ secondary flu, pregnant women, carers, minority ethnic groups, frontline HSC staff

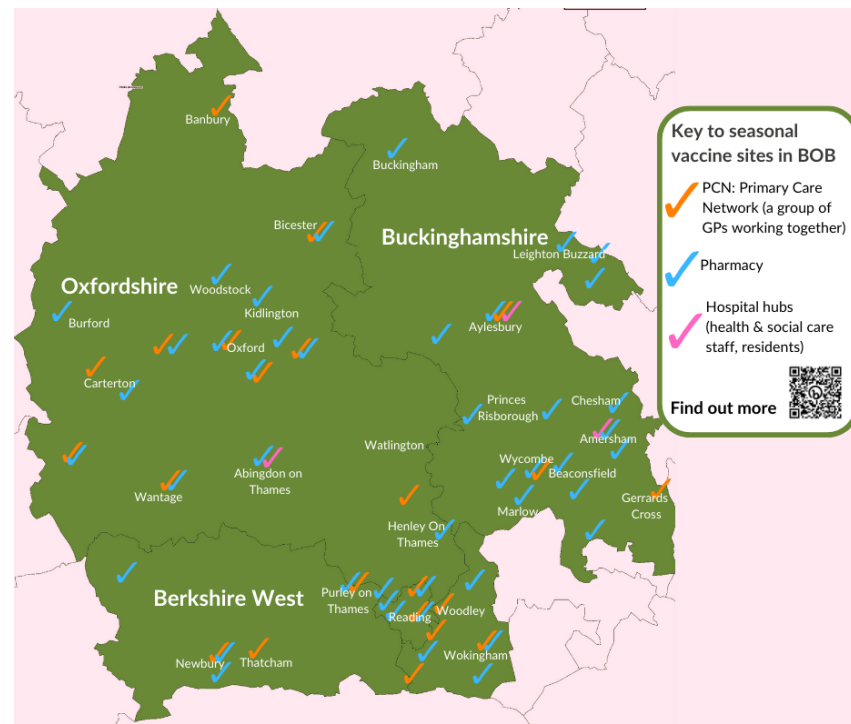
Live materials



Book a flu vaccine for your 2 or 3 year old when invited by your GP

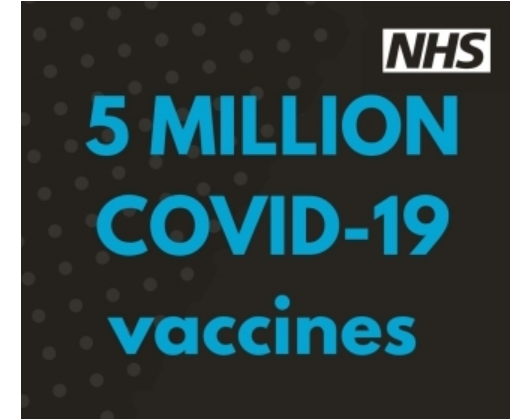
Visit: nhs.uk/childflu

Primary Times Ad: BOB wide - Oct half term



Map of COVID vaccine clinics

NHS
Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board



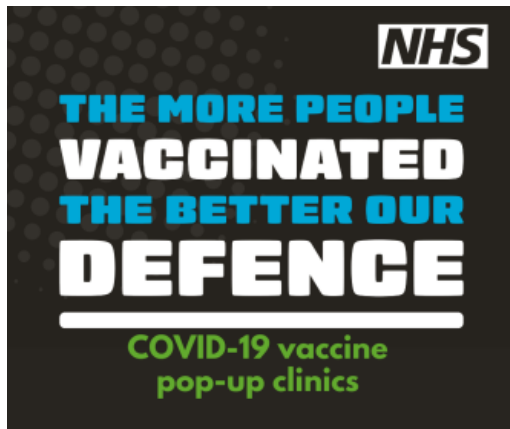
5 Million digital promo: tbc



Bus rears and bus stop posters

Materials planned Oct/Nov

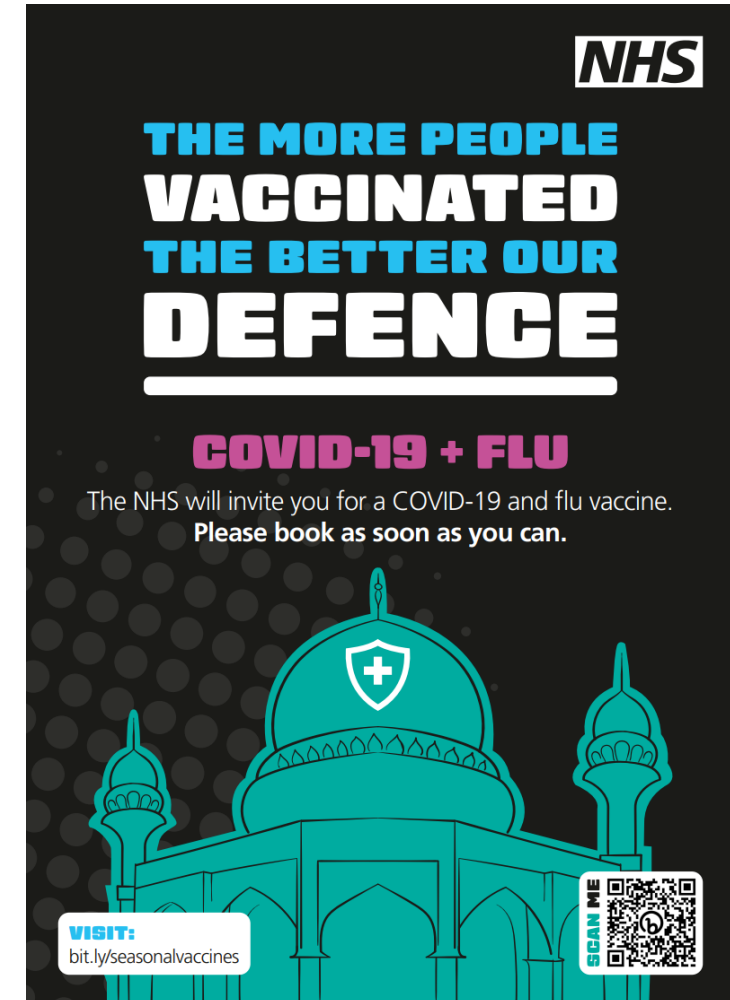
- Radio ads on Get radio: 2&3 yrs and primary school age flu + 6 mths to 4 yrs at risk COVID.
- Mailshot: A5 pp postcard mailshot. Audience appropriate image in areas of low uptake and where pop-ups appear. (see appendix for current list)
- Flyer for care home staff sent to 450 care home providers
- Super Saturday/ weekender vaccine push at end of October
- Pharmacy bags : 30 Oct – Mid Nov
- New materials for ad sets and channels



Newsquest ads + targeted digital radio/ social marketing



Pharmacy bags



Mosque poster & post Friday Prayers
Imam speech

Berkshire West: Oct/ Nov



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

HSC staff: seasonal vaccines

- Posters in shops near hospitals
- Keyrings with vaccine message to Trust staff

Pregnant women: seasonal vaccines

- The Oracle Mall, Reading: digital screens

~~2~~ 3 year old and primary school age flu, 6 mths – 4 yrs at risk COVID

- Posters/ digital ads in softplay centres: Gymfinity Kids, Reading and Madhouse, Reading

At risk age 18-25: seasonal vaccines

- Paid social ad sets (Place and cohort targeted)

We are exploring opportunities to develop more local outreach comms arrangements in Wokingham – currently being discussed with Public Health colleagues.

Report to the HOSC November 2023 – Priorities update

| Priority | Update |
|--|---|
| Recruitment of volunteers | We have five members of our Advisory Group and are continuing to recruit to this and other roles within Healthwatch Wokingham Borough, who have met regularly and have taking up the roles by attending events and lead in projects |
| GP Access Survey | Next 3 months (Oct to Dec) the team are undertaking a feedback roadshow on public awareness about the new way of working in GP practice and the NHS app. Enclosed are the venues and dates of the focus groups :- https://www.healthwatchwokingham.co.uk/post/healthwatch-launch-gp-services-project-in-wokingham-reading-and-west-berkshire . We plan to do the focus groups face to face as well as online in the evening to enable as many people as possible to participate. Aim to collect about 100 feedback from service users of Primary Care Networks as well as vulnerable groups. |
| Dentistry and Learning Disability | Dental service experience was undertaking with the cohort supported by CLASP. Aim to share the report in the January 2024. |
| Enter and View | Wokingham Medical Centre Enter and View will be presented later |

This page is intentionally left blank

Enter and View:

Wokingham Medical Centre

August 2023



Contents

- 1. Background.....2
- 1.1 What is Enter and View.....2
- 1.2 Acknowledgements.....2
- 1.3 Disclaimer.....2
- 1.4 Details of the Enter and View.....3
- 2. Methodology4
- 3. Findings5
- 3.1 Survey findings.....6
- 3.2 Observations11
- 4. Recommendations.....14
- 5. Responses.....17
- 6. Contact us:.....26
- Appendices.....277

1. Background

1.1 What is Enter and View

Healthwatch Wokingham Borough fully supports all local publicly funded health and social care services. We gather residents' views and experiences (positive and negative) about these services, sharing feedback to influence and help make change. Whilst services often seek their own feedback directly from patients, Healthwatch are independent of service delivery and decision making which can make people more comfortable in sharing their views.

As a local Healthwatch, we have the legal power to visit health and social care services and see them in action (announced or unannounced visits to the services). This is called Enter and View and allows us to identify what is working well with services and where services could be improved. The decision to Enter and View particular services fits into the work of local Healthwatch by contributing to a wider programme of work and responding to local intelligence.

Our authorised and trained team of Healthwatch staff and volunteers (also known as Authorised Representatives (ARs)) carry out Enter and Views. They make observations on the nature and quality of care being delivered to people and talk to people using the services to gather feedback. This can also include talking to carers and/or family members and staff working at the premises.

All the information and feedback gathered during Enter and View visits is collated into a report to help improve services. Reports include our recommendations and responses to our findings from the service(s). Reports are published on our website for public access and shared with healthcare organisations.

Further information can be found in Appendix 1.

1.2 Acknowledgements

We would like to thank the management team, all staff (clinical and non-clinical) and patients of Wokingham Medical Centre (WMC) for their contribution to our Enter and View, and for making the Enter and View team feel very welcome.

1.3 Disclaimer

This report relates to observations and conversations during visits by Healthwatch Wokingham Borough to WMC (see 1.4 below) and feedback received via paper/online surveys. Full details of how we conducted the Enter and View can be found in the Methodology (p4). Our report does not represent the experiences of all patients of WMC, only an account of

what was observed and contributed at the time. The aim was to capture mainly qualitative information about people’s experiences of using services at WMC which has been used to identify themes about what’s working and what could be improved.

1.4 Details of the Enter and View

| | |
|---|---|
| Surgey name: | Wokingham Medical Centre |
| Address: | 23 Rose Street, Wokingham, RG40 1XS |
| Partnership: | Modality Partnership |
| Enter and View visit dates: | 27 February, 28 February and 1 March 2023 |
| Names of Enter and View Authorised Representatives: | Alice Kunjappy-Clifton, Andy Welch, Graham Baker and Gráinne Colgan |

Rationale and purpose

Over a period of 6 months, Healthwatch Wokingham Borough received feedback from patients of WMC. Alongside positive comments, concerns emerged around:

- GP access/booking appointments
- Medication issues
- Quality of care.

At the same time as we started talking to WMC about the possibility of an Enter and View, we were hearing more widely of a mismatch between what people expected from their GP practice versus what they were being offered. Local GPs, via the Wokingham Borough Health Overview and Scrutiny Committee (HOSC), acknowledged that services were under immense pressure due to a variety of factors, many of which are reflected nationally as well as locally. A request was made to the HOSC for support to improve communications to the public about different ways in which to seek help and encourage self-care where possible.

The overarching aim of the Enter and View to WMC was to collect the views of a wider sample of WMC patients in order to develop insights and make recommendations to inform change to improve people’s experiences, both directly for patients of Wokingham Medical Centre and more widely across Wokingham Borough and Berkshire West (including Reading and West Berkshire).

2. Methodology

We contacted the management team at WMC to discuss the positive and negative feedback we had received from patients, our Enter and View intention and how the Enter and View programme works.

We also contacted the Care Quality Commission (CQC) to inform them of our intention to undertake an Enter and View.

To reach the maximum number of patients, we spoke to the WMC management team prior to the visit about using the GP text messaging service. Unfortunately, this was not possible due to the number of patients at WMC and the costs involved.

We produced 3 surveys (2 for patients and 1 for WMC staff) in collaboration with the Healthwatch Wokingham Borough Advisory Group and with the Practice Manager at WMC. We asked patients to think about their most recent experience at WMC over the last 6 months. No identifiable data was asked for so people could give their views anonymously.

Face-to-face / paper survey

To obtain the views and experiences of patients on the days of our Enter and View visits, ARs spoke with patients who were given the option to:

- Fill out the paper survey whilst waiting for an appointment.
- Have questions read out and the survey filled out by an AR as the patient gave answers.
- Complete the paper survey at home and post it back to us in the pre-paid envelope handed out.

During this time conversations with each patient were adapted to also capture more information on experiences to help further assess the quality of service and care.

Online surveys

To ensure we captured a larger pool of experiences from patients registered with WMC (other than those attending the medical centre on the days of our visits), an online version of the survey (created using Smart Survey) was distributed via our website, the medical centre's website, and social media channels. We asked our local networks to spread the word and we contacted people who had given us previous feedback on their experiences at WMC.

We also included a QR code on a specially designed postcard for this Enter and View through which people could access the survey at the medical centre or at home.

The survey was open for one month.

Staff survey

We produced a short anonymous online survey focusing on the well-being of staff. With the current pressures all GP staff are under across the UK, let alone Wokingham Borough, we thought an online survey the easiest solution, rather than conducting face-to-face interviews with staff.

The survey link was sent to the Practice Manager to send out to staff but no staff completed the survey. The Practice Manager did inform us on the first day of the Enter and View visits that staff had recently filled out a longer but similar internal survey of for which they were waiting the results.

Observations

During the Enter and View visits, ARs also recorded their own observations on the environment setting and patient experience. A tour of the centre by the Practice Manager was extremely helpful in assisting with this.

3. Findings

We received 207 responses from patients. Whilst this is a small number in relation to the total number of patients registered at WMC, the findings gave us a picture of people's experience of using services at WMC.

This Enter and View also gave a voice to patients/carers who wanted their views to be heard:

- 134 (65%) completed online surveys, of whom 92% said they were patients and 8% were parents/carers/relatives of patients.
- 14 (7%) paper surveys, of which 6 were completed with an AR during the visits and all said they were patients of WMC.
- 59 (28%) partially completed online surveys.

For full findings, see Appendices from page 28.

During our Enter and View visits, ARs found all patients to be friendly and accommodating. Many wanted to fill out the survey at home for an array of reasons such as concerns about potentially missing their appointment, anxiety over their appointment, wanting more time to fill out the survey's questions and the ease of completing the survey at home.

3.1 Survey findings

There was a mixed response to all questions from patients we spoke to during our visits and from those who completed the online survey. We have used the data from the 134 completed online surveys and 14 responses via our paper survey.

The responses fell into four themes: quality of care, GP access, patient self-care, communication with patient, each outlined below.

Quality of care

Overall, **57%** of patients on the days of the Enter and View visits, and **55%** who completed the online survey, were either very satisfied or satisfied with the overall quality of medical care and treatment they received at WMC, over the last 6 months.

19% of patients felt neutral – neither satisfied nor dissatisfied – about the quality of medical care and treatment they received.

65% felt that the healthcare professional they saw was best placed to deal with their health issue/concern, while **59%** of patients agreed and strongly agreed they felt their needs were met.

Here are some of the comments which show several of the positives we heard with some of the frustrations:

“I was extremely impressed with the quality and standard of the Physio – she took time to ask about my injury and investigated all eventualities. The examination was very thorough and afterwards explained everything comprehensively which I understood. A course of exercises was emailed to me which were explanatory and worked in resolving my issues.”

“I would like to know who my named GP is. Apparently, it's changed again which I found out when I saw the phlebotomist, as she couldn't find my request because it wasn't under the GP name I expected it to be under, so we wasted time digging about trying to find the appropriate form! Apart from that the care is exemplary.”

“The staff are all very professional and it doesn't matter whom you speak to, they tend on the whole to be able to find answers and help you out.”

“If I could change some things, I'd make it a lot easier to request repeat prescriptions. The website is not intuitive and don't believe it can be done via the Patient Access app and facilitate online bookings, even if just to enter a queue system and await a call-back.”

“The Practice Nurse was superb.”

“No ability to book future appointment when you are managing a chronic condition sometimes you need to do this. No one at the practice gave me any information on how to manage my new chronic condition.”

“Very satisfied with the access and service provided.”

“I wish I get to see one doctor who knows my medical history, so I don't have to repeat again. And not just be given medication and never have a follow up because booking is a mission.”

“The GPs and other staff I meet there are all friendly and helpful and caring, getting appointments is difficult and stressful.”

GP access

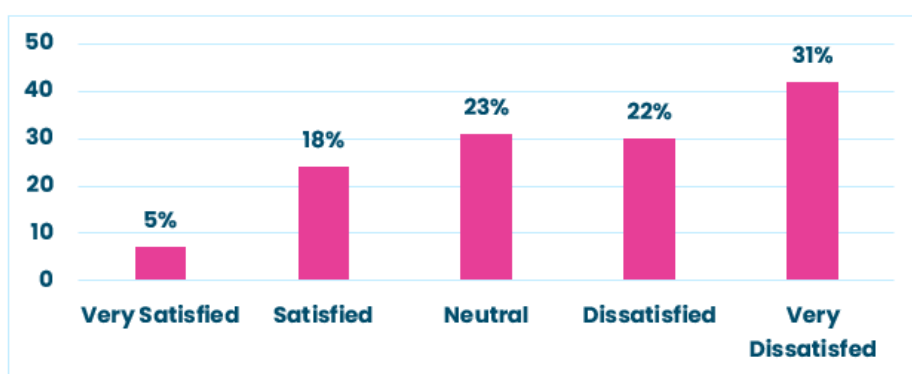
Patients have raised varying issues and themes around GP access at WMC during our visits and through the surveys. Some of these issues mirror those that thousands of people face with their GP surgeries, across the UK. This includes, but is not limited to:

- having to ring the medical centre at 8:00 am to try and get an appointment for the same day even if the issue is not urgent.
- long times spent on hold waiting to get through to the reception team or to get a call back.
- being unable to have a face-to-face appointment when it is felt necessary.
- not being able to see a GP of choice.
- time restrictions on online appointment services.

In summary, **74%** of patients told us they do not get a choice of who they can see, such as a preferred doctor. Only **23%** of patients do get a choice sometimes whilst **3%** told us they always get a choice. WMC's website states *“As we know continuity of care is important, so we do our best to book you with your named GP where possible”*.

Whilst **81%** of patients are aware of Push Doctor, and **78%** aware of eConsult services, only **22%** of patients have used Push Doctor, and **44%** of patients have used eConsult in the last six months.

Overall, only **23%** of patients from the online survey are satisfied or very satisfied with booking appointments for the medical centre, with **53%** of patient dissatisfied or very dissatisfied.



There was a mix of positive and negative feedback about reception staff with only 48% of patients who took the online survey, feeling that the reception staff were helpful in the last six months. We recognise that some dissatisfaction may be underpinned by frustrations from patients not getting an appointment or being told something they do not want to hear.

Patients left lots of feedback on GP access which includes:

“Being I am hard of hearing, I find phone consultations difficult so would prefer face to face appointments, also I think older people like myself find eConsult and push doctor difficult to use re technology involved.”

“More often than not I have found it incredibly difficult to get appointments, whether for me or my 22-month old toddler. There have been occasions where I've just given up after phoning at the appropriate times, sitting waiting in a queue only to be told there's nothing today and to try again tomorrow. So much so, that there have been a few instances where I've just not bothered phoning the medical centre about something that has been worrying me, because I just think, what's the point?”

“My experience over the last six months has been that it has been easier to get appointments provided you are very accurate about what you want. However, I do feel that the system requires you to know what you want in the first place, and I don't think that it is very easy to use for anybody elderly with hearing or memory problems.

eConsult is only available for two hours very early in the morning which I don't think is acceptable.

To book a Push Doctor appointment you need to be trying on the Monday or Tuesday because they get booked up very quickly. However, you can book a Push Doctor appointment for Saturday which is useful.”

“eConsult or online services are for people who are confident with mobile phones, tablets or computers. My mother is nearly 90 and is not therefore computer savvy.”

“Extremely difficult to get a GP appt but Push Doctor is great as is the clinical pharmacist service.”

“Honestly the process for booking an appointment is the one thing that I would change about this surgery. If you need to see a doctor or nurse the same day you have to ring up as soon as the surgery opens, and I cannot remember the last time that I was less than 30-40th in the phone queue. Inevitably then by the time you get through to someone all appointments are gone. Accessing urgent care is the single biggest problem with this surgery in my view - if you invest in anything at all please, please, please do something about this!”

“Easy enough to book but there are lots of different offerings now and I find it confusing knowing which I should be using - e Consult, Push Doctor, when to phone the surgery, walk in centre.”

“My GP is brilliant, but I can't get to see her. I have a chronic health condition and go round in circles with anyone else.

Econsult forms can only be submitted between 7-9 am which is ridiculous if you have a morning routine that involves travelling to work or getting children to school. Seriously - what's the problem with having them available all day as it's impossible to get through on the telephone."

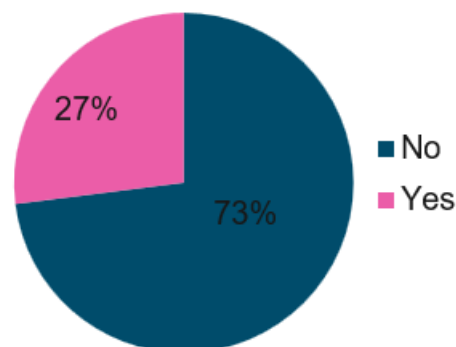
"I can never book online and find it hard on the phone. I was meant to have a check about mediation I was taking and still didn't hear.

It's only because I've been referred to hospital I am sometimes able to hear from a doctor. I never see the same doctor. I see different ones all the time and told different things."

Patient self-care

It's clear from speaking to patients during Enter and View visits and from survey findings that there is an urgent need for more patient awareness of self-care to help WMC. However, locally, this is not just WMC-specific. The Healthwatch Wokingham Borough team are aware this is an ongoing need across the local primary care network/GP surgeries across the borough.

Our online survey found that **73%** of patients did not seek alternative support and/or advice before making an appointment with a GP at the medical centre. Only **27%** of patients did so, with **32%** using eConsult first, followed by **26%** seeking help and advice from family and/or friends, and **24%** looking to the internet for help.



Communication with patients

A common theme running throughout the findings is the desire from patients to receive more communication from the medical centre, whether this is to understand the different options available to make appointments and how these services work, to wanting general updates and to feel part of a community. Patients also want to see more updated information on the medical centre's website. **60%** of patients are not aware of how to raise a complaint or how to share positive feedback.

Healthwatch Wokingham Borough understands that there is a Patient Participation Group which last met in February. Notes from this meeting have not been uploaded to the website and therefore it is not clear whether this group is active and what they are discussing.

Comments from patients about communication include:

"I don't know how you solve this issue but more of your patients need to understand how to use eConsult and Push Doctor. They need to understand that there are alternatives to phoning the surgery and that practice nurses and pharmacists can often do just as good a job as a GP"

"If they have a patients' participation group (?) then its members do not canvas outsiders on issues eg. relating to disabled patients. The website is well out of date. It no longer produces a newsletter describing changes, or even to 'sell' itself."

"The website is woefully out of date. It gives front page information about covid booster clinics in autumn 2022 and advises about problems due to staff shortages due to Covid from earlier in 2022."

"I think it would be useful to visiting patients to have a display or nameboard in reception showing the names of medical practitioners on duty each day. All too often it seems that not many are, or at least their names don't come up on the announcement screens, so we're left thinking that all the flexible working (reception saying "oh Dr X doesn't work on Thursdays or Dr Y isn't in today") is impacting on doctors' availability."

"I would urge them to engage more with their patients. Use Facebook and other online platforms to let patients get to know the staff? They get negative press because they appear unhelpful and uncaring. Because patients no longer think they care. Particularly during Covid they made it quite clear they didn't want anybody near them. They shut the gate. Many patients haven't really got over that attitude. They felt and still feel uncared for. This is despite the surgery making great efforts to be caring, responsive and friendly when you contact them now. It's going to take time for the trust to return to the surgery from the patients. Also, patient's expectations have moved on. They expect to be part of any decision. Paternalism isn't acceptable anymore. Patients can often know more about what they need than the health professionals as they're the person living the problem. Patients are also being bombarded with online messages to contact their doctor if they have symptoms only to find they can't see them! And when they finally get there further investigations take too long."

"The number of face-to-face appointments needs to increase at this medical centre. The communication also seems poor. I joined the practice in the last 2 years but when I filed the application, they failed to get back to me and so I resubmitted an application and again the same. Errors made on setting me up on their system also they had not updated the details as being my registered GP practice on the NHS site."

3.2 Observations

Accessibility

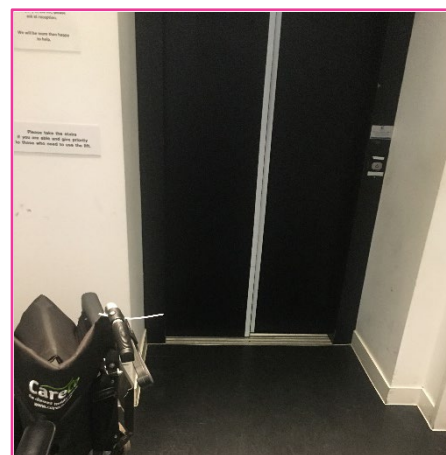
There is a small carpark available with disabled parking spaces and a restricted number of spaces for patients. There are pay and display car parks near the centre for patients to use. The management team have had previous conversations with the Council about more parking for the centre such as the old Marks and Spencer's car park, but this was not available.

Inside the centre, there is wheelchair access available and space for moving around the floors, with lifts too. Although there could be difficulties entering the centre if there is a long queue.

ARs noted that the disabled toilet signage on the toilet door was not at the correct level for a person in a wheelchair.

There are clear markings on the floor. There was one lift out of service which was clearly signed 'out of order.' However, ARs observed a lack of high visibility signage for patients entering and exiting the lifts so people know which floor they are on.

Any patient can speak to reception staff at any time if they have any requirements and needs for their appointment. We noted the Practice Manager talking to a patient in sign language as the patient was checking in.



Reception and waiting areas

On arrival for the first Enter and View visit there was a long queue at reception due to a technical issue with the self-check-in electronic screen. This caused confusion for some patients who were rushing to their appointments hoping to use the screen but then having to join the queue.

The reception staff treated patients in a friendly manner, spoke in a low tone with enough space and privacy between reception and the next patient.



The building itself is spacious, airy, and light with roof lights allowing natural light in the upper floors, plants and artwork brightening up areas across the centre. There are private spaces and areas available and easily accessible, away from the main seating areas if required.

The waiting areas on each floor have TV screens to display when patient appointments become available. The screens are positioned well, big in size with blue backgrounds and white bold font. Information displayed on these screens includes a patient's name, and room number. The name of the medical professional the patient will be seeing is not displayed.

When the next appointment appears on the screen, there is loud beep heard. One patient told an AR that the sound is "horrible as it is too loud" for their hearing aid but liked that they could see their name clearly on the screen.

A patient was heard discussing that the announcement system on the first floor can be unintelligible at times.

Another patient was the only patient on level 3 and told an AR that they had been waiting 30 minutes for an appointment. The patient felt she could not leave the wait area to go down to the ground floor and make enquiries with reception staff in case she would suddenly be called into her appointment, therefore, missing it. There is no way to check the status of an appointment with staff or through technology whilst on level 3.



It was observed that there is only one chair available with handles (level 1) throughout all wait areas and corridors on the three floor levels. Having fixed seating and chairs with no handles makes it difficult for patients that have impaired mobility to get out of their seats. If fixed seating gets full there is no room for patients to move and have support getting into and/or getting up out of their seat.



Information and signage

The ARs observed the confusion of a few patients on not knowing which direction to find their consultation rooms. Room number signs and text are very small, and there are no signs directing patients to room numbers from the waiting areas.

In addition, it was observed that on each consultation room door there is an A4 size poster telling patients "1 problem per consultation." The figure "1" is a prominent feature of the poster and can be confused with looking like a door number.

There is some redundant signage still up on walls relating to the outpatient clinic which no longer exists at the centre.

The NHS pop-up banners on eConsult and Push Doctor in areas of the centre are positioned well.



There are tables on each floor with information and leaflets however the ARs did not see any patients go over to any of these tables during their visits over a 3-day period.

There are good recycling schemes taking place at the medical centre such as batteries and spectacles, with posters explaining these initiatives, and the appropriate recycling boxes for these on display.



Website

Whilst we have not undertaken a full review of the website as part of our Enter and View, a spot check conducted on 6 June 2023 found a significant amount of out-of-date information:

- The initial pop-up regarding Covid-19 is stated as accurate on 27 June 2022 and across the top of the website are 2 banners – one relevant to end of December 2022 and one for 5 May 2023.

! IMPORTANT - Dear Patients, Today (Friday 5th May) we have a high level of sickness in the surgery. We may take longer than usual to answer you call and you could be asked to use the local c... [Find out more](#) [Dismiss](#) ✕

! IMPORTANT - The Shute End clinic will continue to operate on the remaining Thursday and Friday until end of December. Please see below for the upcoming clinics. Bookings will not be require... [Find out more](#) [Dismiss](#) ✕

- There is a webpage dedicated to the work of the Patient Participation Group with contact details but no further information about past or upcoming meetings.
- Information about Wokingham CCG and Berkshire West CCG has not been updated to reflect the change to the Buckingham, Oxfordshire and Berkshire West Integrated Care Board which took effect on 1 July 2022.

- How to book an appointment during the Covid Pandemic is still present and this is the only result that comes back when both 'eConsult' and 'Push Doctor' are typed into the search function.
- Information about Independent Health Complaints Advocacy is out of date. SEAP changed name to The Advocacy People in 2020 and the contact information and weblink are out of date.

4. Recommendations

Our recommendations to WMC fall under three themes: GP access; self-care, patient knowledge and patient communication; and environment.

Our recommendations are based on observations during our visits and survey responses – data from the multiple-choice questions and information from free text comments.

It is noted that since our visits/surveys took place, NHS England have announced changes to all GP practices and PCNs for 2023/2024 in a paper called 'The Delivery Plan for Recovering Access to Primary Care'. The plan sets out the requirements of GP practices and the PCNs to improve patient experience and satisfaction.

1. GP access

- Consider how patients can routinely be given the option of seeing a GP of their choice/same GP, particularly those with specific communication and/or multiple needs.
- Give patients who are hard of hearing the option to have face-to-face appointments first, rather than telephone consultations.
- To ease pressures on the phone system and to free up telephone lines for patients who are less technologically advanced and/or do not have access to the internet, and to increase satisfaction ratings, consider:
 - Allowing patients to book appointments in advance.
 - Removing the need to telephone at 8am for an appointment as this is restrictive for many patients (due to work commutes, family/school runs) and carers in terms of being able to call at that time and plan for an appointment.
 - Extending eConsult hours to later in the morning, such as 7am-11am or later. The current time is restrictive for many patients as above.
 - Reviewing the current list of reasons patients must select to make an eConsult appointment and exploring whether this can be updated. This would allow more

patients to use this service rather than having to phone the medical centre. For example, add Fibromyalgia and Ramsay Hunt Syndrome to the list.

- Including an option in eConsult to let the medical centre know a prescription has not been sent.

2. Patient self-care, patient knowledge and communications

It is clear from the survey findings and feedback that there is a need for more patient awareness on self-care, and the different services available/other clinical practitioners that can be seen/accessed at WMC but this is not just WMC-specific. The Healthwatch team have seen this across the local primary care network/other GP surgeries.

To improve communications and patient knowledge between the medical centre and its patients, we recommend increasing the visibility and activity of the PPG who have a valuable role in helping patients to be better informed and have their say in how services are delivered through:

- Working with the PPG to create more patient awareness on self-care, and the different services available/other clinical practitioners. They have access to resources from the [National Association for Patient Participation](#) (N.A.P.P) to help GP surgeries with patient self-care messaging. This includes self-care fact sheets that can be made available to patients through different communication channels.
- Asking the PPG to create a physical newsletter/quarterly update patients can pick up when visiting the medical centre, particularly by those patients who do not have access to, or do not wish to access information via, the internet.
- Creating and promoting a video that introduces WMC and what patients can expect, including the range of roles people can expect to see/speak to.
- Considering reactivation of the WMC Facebook Page and using this channel as an online information hub/communication channel for patients to find out about the medical centre and pharmacy; updates, changes, self-care messaging, getting to know staff/their roles, recycling schemes etc. As an example, please see Twyford Surgery's Facebook page with 1.3k followers @twyfordsurgeryberkshire.
- Reviewing and updating the WMC website as a matter of priority (examples of out of date information are given in the findings)
- Adding updated information to the website about:
 - eConsult including this link: [How to use eConsult](#) and the self-care resources within it.
 - Push Doctor, including this link: [How it works](#).
 - the [NHS app](#).
 - the PPG; introducing members and current activity.

- Allocating responsibility for website (and Facebook) updates to a member of staff or a member/s of the PPG who has time scheduled each month to check content and make updates.

3. Environment

Review our observations, investigate, and consider making the following improvements:

- Moving the toilet signage on the disabled toilets' doors to eye level so patients in wheelchairs can see this easily by making sure it is at a suitable eye level.
- Investigate ways in which patients on all floor levels (apart from the ground floor) can check appointment status.
- Installing high-visibility signage for patients coming out of the lifts, so there is differentiation between the lift flooring and flooring outside of the lift area.
- Installing room number directions, larger room numbers and floor level numbers so this information is clear to patients.
- Redesigning the door posters which state "1 problem per consultation" to avoid confusion with room numbers.
- Adding the name of the GP/consultant patients have an appointment with, on the announcement screens in the wait areas or a visible list of healthcare professionals that are in the medical centre each day.
- Replacing some chairs with chairs that have arms (only one chair with arms was observed) in the waiting areas and corridors, as having no arms on chairs can make it difficult for patients with additional mobility needs.

5. Responses

Response from Wokingham Medical Centre Practice

WMC Enter & View – Practice Response

Introduction

Wokingham Medical Centre has always supported Healthwatch Wokingham, ever since we helped the launch at a Rectory Road Surgery flu clinic back in 2012/13.

We welcomed the Healthwatch Team into the practice for the Enter and View process in March 2023 and the opportunity to showcase some of the key improvements and advances we have made to provide a modern healthcare service which ensures the delivery of high quality patient experience

Staff Survey

As part of the wider Modality Partnership, here at Wokingham Medical Centre we complete our own annual staff survey and have done so for the last 4 years. This is important to us as it helps to monitor how we are progressing in the eyes of all our team members and provides valuable feedback.

Since the Enter and View in March 2023 we have received and analysed the results of the staff survey. The results are positive and very similar to the great results we received last year. Our team members work extremely hard in often challenging times, and we are proud of each and every team member.

Findings

Healthwatch informed us that they received 148 completed responses to their surveys, which, given that Wokingham Medical Centre has more than 25,000 patients, gives a response rate of 0.59% of the population. And we should point out that Healthwatch said they were unable to guarantee that all the online responses were from patients registered with the practice.

Friends and Family Test results are an NHS England tool for ongoing collection of patient satisfaction data. The results for the last few months are listed in the table below. Patients are asked how likely they are to recommend the practice to friends and family after every visit to the practice. We also have the paper forms on the front desk and the FFT is available via the practice website.

| Month | Number of patients answered- Extremely Likely | Number of patients answered- Likely | Number of patients answered- Neither Likely or Unlikely | Number of patients answered- Unlikely | Number of patients answered- Extremely Unlikely | Number of patients answered- Don't know |
|------------|--|--|--|--|--|--|
| March 2023 | 58 | 49 | 16 | 2 | 6 | 0 |
| April 2023 | 317 | 251 | 79 | 21 | 16 | 0 |
| May 2023 | 278 | 235 | 64 | 32 | 23 | 0 |
| June 2023 | 303 | 283 | 70 | 20 | 25 | 0 |

In stark contrast to the Healthwatch report, we can be assured that these are our registered patients. The results above can be summarised as below:

| | |
|--|-------|
| Total number of respondents: | 2148 |
| Total number extremely likely or likely to recommend practice: | 1774 |
| Percentage extremely likely or likely to recommend practice: | 82.5% |
| Total number extremely unlikely or unlikely to recommend practice: | 145 |
| Percentage extremely unlikely or unlikely to recommend practice: | 6.75% |

The total number of respondents above represents 8.59% of our list size – 14.6 times the number of respondents to the Healthwatch survey.

Healthwatch Report 'Themes'

Quality of Care

When we met with Healthwatch Wokingham we asked what their criteria were for their assessment of Quality of Care. The answer was there was no specific measurement/definition – it was more about how the survey respondents felt about the care they received – an approach we found concerning and needed reviewing. We believe a far more coherent and detailed assessment is vital to provide a meaningful measurement of the Quality of Care we offer our patient's.

As a practice we take quality of care very seriously and measure ourselves using the CQC (Care Quality Commission) methodology. CQC have clear definitions for quality of care and these encompass the entire breadth of clinical practice. It should be noted what Wokingham Medical Centre had a CQC inspection in August 2021 and attained a Good rating in all Key Lines of Enquiry (quality domains) and a Good overall.

GP Access

As a practice we have introduced several ways that patients can contact us to either make an appointment or request advice. Many of these include using technology. Our aim is for those patients who 'can', to use digital pathways so that the telephone lines will be freed up for those patients who cannot use such systems.

eConsult – the eConsult service was introduced towards the start of the Covid-19 pandemic in most practices in the locality. It allows patients to complete an online form relevant to their medical or administration query. Initially, the eConsult service was open 24 hours a day and like most practices, we found that the volume of requests became unmanageable. Unlike most practices, however, rather than switch it off completely, we decided to limit the times it was open. On average we receive over 250 requests a week – this is a safe level and although we review appointment provision on a weekly basis, it is highly unlikely that we can increase the number of eConsults without reducing the number of face to face appointments.

Push Doctor (Square Health) – Our GP Partners fund Push Doctor video appointments for our patients. Patients can download the app and as a Wokingham Medical Centre patient can book an NHS appointment (free) at a date and time that suits them up to 7 days in advance.

AccuBook (self-book links) – For patients with long term conditions who require annual monitoring we are now inviting these patients differently to previous years. For example, we are inviting all our diabetic patients to use an Accubook self-book link to choose and book an appointment time and date that suits them for their annual diabetic (including blood test) appointments. Patients who are not able to use this are written to or contacted directly by our Patient Services Team. Once all our diabetic patients have had this risk-stratification check, we can prioritise those patients who need more support for their next appointment. This way we are

prioritising patients at greatest medical risk. The ICB are aware of our innovative approach as it has the potential to reduce A&E attendance.

We also use self-book links to book our flu clinics as it saves patients having to call the practice and they can pick a date and time that suits them without needing to wait on the telephone at to the practice. We will be sending out this year's flu campaigns messages later in the year for eligible patients.

AccuRx (SMS questionnaires) – For various groups of patients, eg asthmatics, we are again using technology to facilitate risk stratification. Patients are sent a link to complete a specific questionnaire regarding their Long Term Condition (LTC). Once we have received the results of the questionnaire, they are risk stratified and again those with the most need are prioritised.

Telephone – Like all practices in England, our telephone lines open at 8am when the surgery opens and close at 6.30 pm. Patients can phone the surgery throughout the day with appointment requests and queries. All practices find that patients who have a medical need call the practice at 8am. We have recently (October 2022) changed our telephone system and patients can now choose an option to have their place in the queue virtually hold and they can go and do something else. Once they reach the front of the telephone queue the practice phones them back and the Patient Services Team member deals with the query request as usual.

When patients contact the practice, our team will ask questions so that they can direct patients to the most appropriate clinician or service. We can direct patients to the NHS England-mandated Community Pharmacy Scheme (CPCS) as local community pharmacists are able to deal with many medical matters. We can also direct patients to many other clinicians including First Contact Physiotherapists as we know that seeing a GP is not always the most appropriate clinician in the present Primary Care System.

Walk in – Patients are also able to walk in and speak to our Patient Services team at the front desk. Should anyone want to speak in a more private area they can request this.

Comments from the Enter and View

Having to ring at 8am – As described earlier all surgery phone lines open at 8am when the surgery opens for the day and that is the most popular time patients call. We have some appointments that can be booked ahead however, we do most of our appointments on the day as we know patients' expectations are to deal with matters quickly. We do send appointment reminders (via text) for future appointments however we do find that many appointments booked ahead are not attended (DNA'd).

267 patient appointments were DNA'd in March 2023 when the Enter and View occurred. This was on average 19.2 hours a week of appointments that could have been offered to other patients. Patients can cancel appointments online or via the text reminder, so they do not need to contact the surgery by telephone to let us know. We are then able to offer cancelled appointments to other patients.

Unable to get a face-to-face appointment when it is felt necessary - After consultation with our PPG in January 2023 we changed our appointment system from mainly telephone consultation first, back to a traditional face to face system. We still have a few clinicians who continue with telephone consultation clinics to ensure we are offering different options for patients. We know that some patients have become used to telephone first consultations during the pandemic.

Not being able to see a GP of choice - Government policy for at least two decades has been to reduce the role of GP's and to widen the Primary Care Team. Patients can request an appointment with a clinician of their choice; however, it is quite likely that the most appropriate member of the practice multi-disciplinary team is not a GP and that the patient will be care navigated to eg a pharmacist, physiotherapist etc.

Online booking - We know that navigating to who is the most appropriate clinician to see can be difficult. We did try having certain clinicians eg our First Contact Physiotherapist appointments available to be booked online, however there were a high number booked inappropriately which meant the patient services team needed to be taken away from answering the incoming telephone calls to phone these patients back and rearrange the appointment to a more appropriate clinician.

Following a number of these incidents we removed the online option so that the patient services team can navigate to the appropriate clinician when patients call in.

After reading the report it is clear that some patients have been very fortunate and not needed to use our medical services for a while, as there are comments about not being able to make a face to face appointment. This is obviously ancient history as we changed the system to a majority face to face service in January 2023.

Self Care

We agree with Healthwatch Wokingham that there needs to be a wider campaign to help promote self-care but it should be self-evident that encouraging this is far beyond the capability and the capacity of a GP surgery. Encouraging self-care and educating patients appropriately is a public health and societal matter. Nevertheless, we have self-care information on our waiting room TV screens and are aware that many local community pharmacies who also help promote this.

Communication with patients

We are pleased that we have the most diverse and inclusive PPG that we've ever had and at our last meeting in January 2023, many of the proposed changes eg a return to predominantly face to face appointments, communication by SMS and Patient Group Education Sessions were discussed and approved.

We accept that we could do better in communicating with our patients as information can change often, as we work to improve care for our patients. However, it should also be noted that everyone in a GP surgery does multiple jobs, and that focusing on extensive communication will take someone away from doing something more precisely focused on patient care.

Nevertheless, we have recently communicated directly with our 9,000 long-term condition patients to explain the changes we have made to how we monitor their health conditions this year.

Over the last three years we have had to change many ways in which we do things, often at short notice and recognise that eg keeping our website absolutely current may have slipped.

During the pandemic we increased the use of our Facebook page to keep patients informed and again acknowledge that as the pandemic wound down and we focused on returning to usual ways of working, the use of this decreased. We can increase its usage again.

We contacted our website provider regarding the out-of-date covid information that was still showing on our website, as this was added by them and not initiated by the practice. They have apologised for not removing it as they had for other local practices in the area. This has now been rectified. Thank you to Healthwatch for highlighting this to us.

Accessibility

Thank you for the comments regarding the toilet door signs. This was not mentioned during the initial compliance visit before the practice opened. It should be noted that Wokingham Medical Centre is a triple-award-winning building, with one of the awards being a prestigious Civic Trust Award. Not only that, the design of the medical centre involved input from groups representing those with limited sight, hearing, mobility etc. As a result, we're confident that our medical centre meets accessibility criteria, but we're content to consider Healthwatch's suggestions if they are evidence-based.

Reception and waiting area

Unfortunately, our check in screens had a technical problem on the day of the Enter and View, this was rectified by an engineer remotely from the check in screen company later that day. The self- check in screens are very useful to help reduce the queue at the reception desk, especially at popular times of the day.

We can amend the sound on the TV screens if patients feel they are too loud. We are aware that not all clinicians use the 'call-in' facility as they prefer to personally collect their patients from the waiting area.

Staff often walk through the patient areas, so if some has been waiting a while they can ask or will be checked on by a team member. The team member can then double check that the self-check in system has signed them in correctly or if the clinician is running late. As they may have had to deal with an urgent situation that took longer than the allocated 10-minute appointment.

Chairs with arms

When we walked through the first floor waiting area we counted 7 chairs with arms. Across the three waiting areas we have a total of 16 chairs with arms. We do know these often get moved around as patients choose to move them to outside the room they are waiting to go into. We will regularly check to make sure there is an even spread of chairs with arms around the waiting areas.

Information and signage

The one problem per consultation poster on each clinical room door is widely used across practices up and down the country (and even internationally). The posters have been in place for a number of years now and we have not been made aware of patients confusing these with room numbers.

The out-patients clinic signage has not been removed by the provider as they have not relinquished the clinic.

Conclusion

Recent NHS England data demonstrates (independently) that we offer and provide around 130 appointments per 1000 patients on our list per week compared to a nationally recognised provision of 72 appointments per 1000 a week. This means that we are providing almost double the number of appointments which, may ultimately, be unsustainable. However, we take great pride in being able to achieve this and we want to publicly thank our teams for their valuable

contribution to this ongoing work. To meet this level of appointment provision we have adopted a data-led approach, an innovative mindset and a commitment to deliver high quality care to our thousands of patients.

Healthwatch informed us their visit was prompted by feedback from patients over a six month period but were unable to give us reliable data to back up these claims. This, coupled with the lack of specific, measurable data-testing during their visit, does undermine our confidence in the validity and value of their report. We have raised Healthwatch Wokingham's lack of meaningful data, benchmarking and measurement with the appropriate health authorities including the BOB ICB (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) as we are keen to ensure our Practice and our staff are judged on their many achievements over recent months to ensure we provide a high standard of modern primary care to our community.

Wokingham Medical Centre

Response from Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) is pleased to have been asked to respond to Healthwatch's Wokingham Medical Centre Enter and View report which provides insight into patient experience. As Healthwatch acknowledges the report does not represent the experience of all patients at Wokingham Medical Centre and is only an account of what was observed and contributed during conversations at the visit and survey responses. The proportion of responses received is small in relation to the total number of patients registered with Wokingham Medical Centre however it is important that the views of those who responded are recognised and responded to.

The ICB has reviewed the recommendations in the report and reflected on these with regards to how it may be able to support Wokingham Medical Centre and the wider GP practice community. It recognises that Wokingham Medical Centre will respond to the report separately.

GP Access

There is much focus on GP access at the current time both nationally and locally and all GP practices as part of their Primary Care Network (PCN) have recently completed a Capacity and Access Improvement Plan in discussion with the ICB. The Modality Wokingham PCN, which Wokingham Medical Centre is part of, plan sets out how they will proactively manage demand to improve telephone access alongside online access options. Appointment capacity in the

various modes expected to be delivered are in place but there is acknowledgement that monitoring of patient experience is required including meeting specific patient needs such as those of deaf users. The ICB will continue to work with the PCN in the delivery of this plan over the coming months.

Patient self-care, patient knowledge and communications

The need to promote self-care, the different services available to patients, as well as the other clinical practitioners now available for patients to consult with is recognised. The ICB looks forward to working with Healthwatch on its recently launched project looking at public understanding of how GP practices now operate to address this and hope that this will also be used to support practices to work with their PPGs on these issues as recommended in the report.

Environment

No doubt Wokingham Medical Centre will reflect on the environment findings in the report. These are helpful reflections that all GP providers should review. The ICB will therefore share the environmental improvements detailed in the report in a future edition of its GP Bulletin.

Thank you once again for sharing this report. Feedback on patient experience is an essential pillar to how the ICB continuously improve services and address health inequalities.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board



6. Contact us:

If you have any questions, need information or advice on health and social care services across Wokingham Borough, you can call us or get in contact via our website. Our details follow below:

Address: Wokingham Charity and Community Hub, Waterford House,
Erfstadt Court, Wokingham, Berks, RG40 2YF

Telephone: 0118 418 1418

Email: enquiries@healthwatchwokingham.co.uk

Website: www.healthwatchwokingham.co.uk

If you require this report in an alternative format, please contact us using the details above.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement. © Copyright Healthwatch Wokingham Borough 2023.

Appendices

Appendix 1

What is Enter and View?

Healthwatch have a legal power to visit health and social care services and see them in action. This power to Enter and View services offers a way for Healthwatch to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved.

Although Enter and View sometimes gets referred to as an 'inspection', it should not be described as such.

Local Healthwatch operate under the principles of the legislation which are to:

- Go into health and social care premises to hear and see how people experience the service
- Collect the views of people at the point of service delivery
- Collect the views of carers and relatives of service users
- Observe the nature and quality of services
- Collate evidence-based feedback
- Report to providers, regulators, Local Authority and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners
- Develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels.

Healthwatch statutory functions

1. The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007¹ and Part 4 of the Local Authorities Regulations 2013² to carry out Enter and View visits.
2. Healthwatch should consider how Enter and View activity links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2007³.

¹ [Section 225 of the Local Government and Public Involvement in Health Act 2007](#)

² [Part 4 of The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#)

³ [Section 221 of the Local Government and Public Involvement in Health Act 2007](#)

The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system-wide.

During the visit, Healthwatch should focus on:

- Observing how people experience the service through watching and listening;
- Speaking to people using the service, their carers and relatives to find out more about their experiences and views;
- Observing the nature and quality of services;
- Reporting their findings to providers, regulators, the local authority, and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners based on what was found during the visit.

Taken from Healthwatch England 'A guide to Enter and View' March 2022

Appendix 2

About Wokingham Medical Centre

WMC is a purpose-built surgery that opened in 2014 as part of the Modality Partnership, replacing two older surgery buildings. It is one of the biggest GP surgeries in Wokingham Borough, serving approximately 24,000 patients.

The centre includes consultant and treatment rooms, and a room in which patients are free to use the self-service blood pressure machine. There is stair and lift access.

Face-to-face appointments to see an array of clinical professionals, including GPs, are released at 8:00 am each weekday when telephone lines open.

Video and online consultation appointments are available for patients through Push Doctor and eConsult services. eConsult requests are accepted Monday to Friday, 7am - 9am but may close earlier if the medical centre reaches capacity for the day.



There is a pharmacy within the medical centre offering support and advice, and for minor injuries.

Externally the premises includes a small car park for disabled patients with easy access arrangements for those with limited physical mobility.



The centre is an Armed Forces Veteran friendly accredited GP practice.

Appendix 3: Online survey findings









1. Please tell us who you are:

| Answer Choices | | | Response Percent | Response Total |
|----------------|----------------------------|--|------------------|----------------|
| 1 | Patient |  | 92% | 123 |
| 2 | Parent/relative of patient |  | 8% | 11 |
| 3 | Carer of patient | | 0% | 0 |


2. Thinking about your last appointment at the medical centre, did you seek health advice from anywhere else before booking your appointment?

| Answer Choices | | | Response Percent | Response Total |
|----------------|-----|---|------------------|----------------|
| 1 | Yes |  | 27% | 36 |
| 2 | No |  | 73% | 98 |















3. If yes, where did you seek advice from before making your appointment? (Please tick all that apply)

| Answer Choices | | | Response Percent | Response Total |
|----------------|--|---|------------------|----------------|
| 1 | Advice from family/friends |  | 26% | 10 |
| 2 | Contacting/visiting a pharmacy |  | 13% | 5 |
| 3 | GP eConsult service |  | 32% | 12 |
| 4 | Healthcare digital apps (please specify) |  | 8% | 3 |
| 5 | Healthcare website/internet (please specify) |  | 24% | 9 |
| 6 | Ringling NHS 111 |  | 11% | 4 |
| 7 | Using NHS 111 online |  | 8% | 3 |
| 8 | Visiting A&E |  | 3% | 1 |
| 9 | Visting an Urgent Treatment Centre | | 0% | 0 |

3. If yes, where did you seek advice from before making your appointment? (Please tick all that apply)

| | | | | |
|------------------------------|-------------------------|---|-----|----|
| 10 | Other (please specify): |  | 34% | 13 |
| Other (please specify): (13) | | | | |

4. The care team at the medical centre has grown substantially over the last few years like other GP surgeries across the South of England. Thinking about the last six months, have you had an appointment/consultation at the medical centre with any of the following? (Please tick all that apply)

| Answer Choices | | | Response Percent | Response Total |
|----------------|---|---|------------------|----------------|
| 1 | Clinical Pharmacist |  | 17% | 23 |
| 2 | GP |  | 61% | 82 |
| 3 | Health Care Assistant |  | 8% | 11 |
| 4 | Mental Health Link Worker |  | 1% | 2 |
| 5 | Advanced Nurse Practitioner |  | 14% | 19 |
| 6 | Long Term Conditions Nurse |  | 3% | 4 |
| 7 | Practice Nurse |  | 25% | 33 |
| 8 | Paramedic/Urgent Care Practitioner |  | 4% | 5 |
| 9 | Phlebotomist (blood test) |  | 19% | 26 |
| 10 | Physician Associate |  | 4% | 6 |
| 11 | Physio |  | 7% | 9 |
| 12 | Push Doc (video appointment/consultation) |  | 22% | 29 |
| 13 | Social Prescriber |  | 1% | 1 |
| 14 | Not sure |  | 13% | 17 |
| Comments: (39) | | | | |

5. Thinking about your last appointment at the medical centre, how did you book your appointment?

| Answer Choices | | | Response Percent | Response Total |
|----------------|---------------------------------------|--|------------------|----------------|
| 1 | Telephone | | 57% | 77 |
| 2 | In-person | | 10% | 13 |
| 3 | Online | | 24% | 33 |
| 4 | I did not book the appointment myself | | 8% | 11 |

6. How easy was it to book this appointment?

| Answer Choices | | | Response Percent | Response Total |
|----------------|--------------------------------------|--|------------------|----------------|
| 1 | Very easy | | 13% | 17 |
| 2 | Easy | | 17% | 22 |
| 3 | Neither easy nor difficult | | 19% | 26 |
| 4 | Difficult | | 18% | 23 |
| 5 | Very difficult | | 31% | 41 |
| 6 | I didn't book the appointment myself | | 4% | 5 |

Comments on why you have found this easy/difficult etc. (100)





7. When you book an appointment do you get a choice of who you can specifically see, such as a preferred doctor?

| Answer Choices | | | Response Percent | Response Total |
|----------------|-----------|--|------------------|----------------|
| 1 | Always | | 3% | 4 |
| 2 | Sometimes | | 23% | 31 |
| 3 | Never | | 74% | 99 |






8. Do you know that the medical practice also offers video and online appointments/consultations?

| Answer Choices | Yes | No | Response Total |
|--|------------|-----------|----------------|
| Push Doctor (video appointments/consultations) | 81% 109 | 19% 25 | 134 |
| eConsult (online appointments/consultations) | 78% 105 | 22% 30 | 135 |




9. Which have you used in the last six months (please tick all that apply):

| Answer Choices | | | Response Percent | Response Total |
|----------------|--|---|------------------|----------------|
| 1 | Telephone appointment/consultation |  | 60% | 80 |
| 2 | Face to face appointment/consultation |  | 55% | 74 |
| 3 | Push Doctor (video appointment/consultation) |  | 22% | 30 |
| 4 | eConsult (online appointment/consultation) |  | 44% | 59 |
| | | | answered | 134 |
| | | | skipped | 0 |






10. Thinking about the last time you telephoned the medical centre, how satisfied were you with the telephone system (this is a new system that has been put in place in October 2022):

| Answer Choices | | | Response Percent | Response Total |
|--|-------------------|---|------------------|----------------|
| 1 | Very satisfied |  | 7.46% | 10 |
| 2 | Satisfied |  | 18.66% | 25 |
| 3 | Neutral |  | 27.61% | 37 |
| 4 | Dissatisfied |  | 19.40% | 26 |
| 5 | Very dissatisfied |  | 26.87% | 36 |
| | | | answered | 134 |
| | | | skipped | 0 |
| Comments on why you are satisfied/dissatisfied etc. (86) | | | | |

11. Do you use the new telephone queue system?

| Answer Choices | | | Response Percent | Response Total |
|----------------|-----------|---|------------------|----------------|
| 1 | Yes |  | 53% | 71 |
| 2 | No |  | 31% | 42 |
| 3 | Sometimes |  | 16% | 21 |



12. How satisfied are you about booking appointments with the medical centre, overall?

| Customer Satisfaction Score: 64.18 | | | Response Percent | Response Total |
|--|-------------------|---|------------------|----------------|
| 1 | Very satisfied |  | 5% | 7 |
| 2 | Satisfied |  | 18% | 24 |
| 3 | Neutral |  | 23% | 31 |
| 4 | Dissatisfied |  | 22% | 30 |
| 5 | Very dissatisfied |  | 31% | 42 |
| Comments on why you are satisfied/dissatisfied etc. (87) | | | | |

13. Thinking about your last appointment within the last six months, how strongly do you agree or disagree with the following statements:

| Answer Choices | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Response Total |
|--|----------------|-----------|----------------------------|-----------|-------------------|----------------|
| I am satisfied with the quality of medical care and treatment I received at the medical centre | 21% 29 | 34% 46 | 19% 26 | 16% 22 | 8% 12 | 135 |
| The reception staff were helpful | 11% 15 | 37% 49 | 27% 35 | 14% 19 | 11% 14 | 132 |
| The healthcare professional I saw was best placed to deal with my health issue/concern | 23% 31 | 42% 55 | 21% 28 | 7% 9 | 7% 9 | 132 |
| I felt my needs were met | 22% 29 | 37% 49 | 20% 26 | 13% 17 | 8% 11 | 132 |
| I trust the advice I was given | 20% 27 | 40% 53 | 23% 31 | 10% 13 | 6% 8 | 132 |
| I was clear on next steps | 18% 24 | 41% 56 | 23% 31 | 12% 16 | 7% 9 | 136 |

14. Do you know how to make a complaint to the centre or how to give positive feedback?

| Answer Choices | Response Percent | Response Total |
|---|------------------|----------------|
| 1 Yes  | 40% | 53 |
| 2 No  | 60% | 80 |

15. Do you have any other comments to make about Wokingham Medical Centre (e.g what you like most about the centre, one thing you would change about the centre)

| Answer Choices | Response Percent | Response Total |
|-----------------------|------------------|----------------|
| 1 Open-Ended Question | 100% | 91 |

5. Demographic information

16. Do you or the patient you are caring for have a disability?

| Answer Choices | | Response Percent | Response Total |
|----------------|-----|------------------|----------------|
| 1 | Yes | 23% | 31 |
| 2 | No | 77% | 102 |

17. If yes, what is the nature of your/the patient you are caring for disability? (Please tick all that are applicable)

| Answer Choices | | Response Percent | Response Total |
|-----------------------------|--|------------------|----------------|
| 1 | Learning or developmental disabilities (including dyslexia and autism) | 26% | 8 |
| 2 | Long term illness (including cancer, diabetes, HIV and multiple sclerosis) | 29% | 9 |
| 3 | Mental health condition (including anxiety, bipolar disorder and depression) | 16% | 5 |
| 4 | Physical impairment (including arthritis, cerebral palsy and using a wheelchair) | 19% | 6 |
| 5 | Sensory impairment (including hearing, sight and speech impairments) | 16% | 5 |
| 6 | Prefer not to say | 3% | 1 |
| 7 | Not known | 0% | 0 |
| 8 | Other (please specify): | 29% | 9 |
| Other (please specify): (9) | | | |

18. Please tell us your age range:

| Answer Choices | | | Response Percent | Response Total |
|----------------|-----------|--|------------------|----------------|
| 1 | 18-24 | | 1% | 2 |
| 2 | 25-34 | | 7% | 9 |
| 3 | 35-44 | | 15% | 20 |
| 4 | 45-54 | | 21% | 28 |
| 5 | 55-64 | | 21% | 28 |
| 6 | 65-74 | | 20% | 27 |
| 7 | 75-84 | | 13% | 17 |
| 8 | 85+ | | 1% | 2 |
| 9 | Not known | | 1% | 1 |

19. Please tell us your gender:








| Answer Choices | | | Response Percent | Response Total |
|----------------|--------------------------|--|------------------|----------------|
| 1 | Woman | | 68% | 91 |
| 2 | Man | | 29% | 38 |
| 3 | Non-binary | | 0% | 0 |
| 4 | Prefer not to say | | 2% | 3 |
| 5 | Prefer to self-describe: | | 1% | 1 |

Prefer to self describe: (1)

20. Please select your ethnicity:


| Answer Choices | | | Response Percent | Response Total |
|----------------|------------------------------------|--|------------------|----------------|
| 1 | Arab | | 0% | 0 |
| 2 | Asian or Asian British: Chinese | | 2% | 2 |

20. Please select your ethnicity:



| | | | | |
|-----------------------------|---|--|-----|-----|
| 3 | Asian or Asian British: Bangladeshi | | 0% | 0 |
| 4 | Asian or Asian British: Indian |  | 2% | 2 |
| 5 | Asian or Asian British: Pakistani | | 0% | 0 |
| 6 | Asian or Asian British: Any other Asian background | | 0% | 0 |
| 7 | Black/Black British: African | | 0% | 0 |
| 8 | Black/Black British: Caribbean | | 0% | 0 |
| 9 | Black/Black British: Any other Black/Black British background | | 0% | 0 |
| 10 | Mixed/multiple ethnic groups: Black Caribbean and White |  | 1% | 1 |
| 11 | Mixed/multiple ethnic groups: Black African and White | | 0% | 0 |
| 12 | Mixed/multiple ethnic groups: Asian and White |  | 2% | 2 |
| 13 | Mixed/multiple ethnic groups: Any other mixed/multiple ethnic background | | 0% | 0 |
| 14 | White: British/Northern Irish/Scottish/Welsh |  | 82% | 108 |
| 15 | White: Gypsy, Traveller | | 0% | 0 |
| 16 | White: Roma | | 0% | 0 |
| 17 | White: Any other background |  | 7% | 9 |
| 18 | Prefer not to say |  | 4% | 6 |
| 19 | Other (please specify): |  | 2% | 2 |
| Other (please specify): (2) | | | | |

Appendix 3: Face-to-face/paper survey findings




1. Please tell us who you are:

| Answer Choices | | | Response Percent | Response Total |
|----------------|----------------------------|--|------------------|----------------|
| 1 | Patient |  | 100% | 14 |
| 2 | Parent/relative of patient | | 0% | 0 |
| 3 | Carer of patient | | 0% | 0 |


2. Before booking this appointment did you seek health advice from anywhere else?

| Answer Choices | | | Response Percent | Response Total |
|----------------|-----|---|------------------|----------------|
| 1 | Yes |  | 57% | 8 |
| 2 | No |  | 43% | 6 |
| | | | answered | 14 |
| | | | skipped | 0 |










3. If yes, where did you seek advice from before making your appointment? (Please tick all that apply)

| Answer Choices | | | Response Percent | Response Total |
|----------------|--|---|------------------|----------------|
| 1 | Advice from family/friends |  | 7% | 1 |
| 2 | Contacting/visiting a pharmacy |  | 7% | 1 |
| 3 | GP eConsult service |  | 14% | 2 |
| 4 | Healthcare digital apps (please specify) | | 0% | 0 |
| 5 | Healthcare website/internet (please specify) | | 0% | 0 |
| 6 | Ringling NHS 111 | | 0% | 0 |
| 7 | Using NHS 111 online | | 0% | 0 |
| 8 | Visiting A&E | | 0% | 0 |

3. If yes, where did you seek advice from before making your appointment? (Please tick all that apply)

| | | | | |
|-------------------------|-------------------------------------|---|-----|---|
| 9 | Visiting an Urgent Treatment Centre |  | 7% | 1 |
| 10 | Other (please specify): | | 21% | 4 |
| Other (please specify): | | | | |
| 1 | Cardio rehab team | | | |
| 4 | General Internet search | | | |
| 7 | Post surgery referral | | | |
| 10 | previous GP @Winnersh | | | |

4. The care team at the medical centre has grown substantially over the last few years, like other GP surgeries across the South of England. Thinking about the last six months, have you had an appointment/consultation at the medical centre with any of the following? (Please tick all that apply)

| Answer Choices | | | Response Percent | Response Total |
|----------------|---|--|------------------|----------------|
| 1 | Clinical Pharmacist |  | 21% | 3 |
| 2 | GP |  | 86% | 12 |
| 3 | Health Care Assistant |  | 7% | 1 |
| 4 | Mental Health Link Worker | | 0% | 0 |
| 5 | Advanced Nurse Practitioner | | 0% | 0 |
| 6 | Long Term Conditions Nurse |  | 14% | 2 |
| 7 | Practice Nurse |  | 43% | 6 |
| 8 | Paramedic/Urgent Care Practitioner | | 0% | 0 |
| 9 | Phlebotomist (blood test) |  | 36% | 5 |
| 10 | Physician Associate |  | 14% | 2 |
| 11 | Physio |  | 7% | 1 |
| 12 | Push Doc (video appointment/consultation) |  | 7% | 1 |
| 13 | Social Prescriber | | 0% | 0 |
| 14 | Not sure | | 0% | 0 |

4. The care team at the medical centre has grown substantially over the last few years, like other GP surgeries across the South of England. Thinking about the last six months, have you had an appointment/consultation at the medical centre with any of the following? (Please tick all that apply)

Comments: (2)

- | | |
|---|--|
| 1 | Had 2 blood tests and 2 consultations |
| 2 | I have been trying for a month to get an appt with the clinical pharmacist |

5. How did you book today's GP appointment?

| Answer Choices | | Response Percent | Response Total |
|----------------|---------------------------------------|------------------|----------------|
| 1 | Telephone | 50% | 7 |
| 2 | In-person | 36% | 5 |
| 3 | Online | 7% | 1 |
| 4 | I did not book the appointment myself | 7% | 1 |

6. Thinking about when you originally booked today's appointment, how easy was it to book?

| Answer Choices | | Response Percent | Response Total |
|----------------|--------------------------------------|------------------|----------------|
| 1 | Very easy | 50% | 7 |
| 2 | Easy | 14% | 2 |
| 3 | Neither easy nor difficult | 29% | 4 |
| 4 | Difficult | 0% | 0 |
| 5 | Very difficult | 0% | 0 |
| 6 | I didn't book the appointment myself | 7% | 1 |

Comments on why you found it easy/difficult sent to WMC: (9)

7. How far in advance did you make your appointment for today?

| Answer Choices | | Response Percent | Response Total |
|-----------------------------|-------------------------|------------------|----------------|
| 1 | On the day | 79% | 11 |
| 2 | 1 day ago | 0% | 0 |
| 3 | 2-3 days ago | 7% | 1 |
| 4 | 4-5 days ago | 0% | 0 |
| 5 | 1 week ago | 14% | 2 |
| 6 | 2 weeks ago | 0% | 0 |
| 7 | 3 weeks ago | 0% | 0 |
| 8 | 4-5 weeks ago | 0% | 0 |
| 9 | Other (please specify): | 0% | 0 |
| Other (please specify): (0) | | | |

8. When you book an appointment do you get a choice of who you can specifically see, such as a preferred doctor?

| Answer Choices | | Response Percent | Response Total |
|----------------|-----------|------------------|----------------|
| 1 | Always | 0% | 0 |
| 2 | Sometimes | 36% | 4 |
| 3 | Never | 64% | 7 |

2. Different types of appointments/consultations

9. Do you know that the medical practice also offers video and online appointments/consultations?

| Answer Choices | Yes | No | Response Total |
|--|-----------|----------|----------------|
| Push Doctor (video appointments/consultations) | 93% 13 | 7% 1 | 14 |
| eConsult (online appointments/consultations) | 79% 11 | 21% 3 | 14 |

10. Please tick those you have used in the last 6 months (tick all that apply)

| Answer Choices | | | Response Percent | Response Total |
|----------------|--|--|------------------|----------------|
| 1 | Telephone appointment/consultation | | 29% | 4 |
| 2 | Face to face appointment/consultation | | 86% | 12 |
| 3 | Push Doctor (video appointment/consultation) | | 14% | 2 |
| 4 | eConsult (online appointment/consultation) | | 7% | 1 |

11. Thinking about the last time you telephoned the medical centre, how satisfied were you with the telephone system (this is a new system that has been put in place in October 2022)

| Answer Choices | | | Response Percent | Response Total |
|----------------|-------------------|--|------------------|----------------|
| 1 | Very satisfied | | 29% | 4 |
| 2 | Satisfied | | 29% | 4 |
| 3 | Neutral | | 14% | 2 |
| 4 | Dissatisfied | | 29% | 4 |
| 5 | Very dissatisfied | | 0% | 0 |

Comments on why you are satisfied/dissatisfied sent to WMC: (11)

12. Do you use the new telephone queue system?

| Answer Choices | | | Response Percent | Response Total |
|----------------|-----------|--|------------------|----------------|
| 1 | Yes | | 71% | 10 |
| 2 | No | | 0% | 0 |
| 3 | Sometimes | | 29% | 4 |

13. How satisfied are you about booking appointments with the medical centre, overall?

| Customer Satisfaction Score: 37.5 | | | Response Percent | Response Total |
|-----------------------------------|-------------------|--|------------------|----------------|
| 1 | Very satisfied | | 14% | 2 |
| 2 | Satisfied | | 36% | 5 |
| 3 | Neutral | | 36% | 5 |
| 4 | Dissatisfied | | 14% | 2 |
| 5 | Very dissatisfied | | 0% | 0 |

Comments on why you are satisfied/dissatisfied sent to WMC (8)

14. How satisfied are you with the overall quality of medical care and treatment you receive at the medical centre?

| Answer Choices | | | Response Percent | Response Total |
|----------------|-------------------|--|------------------|----------------|
| 1 | Very satisfied | | 21% | 3 |
| 2 | Satisfied | | 36% | 5 |
| 3 | Neutral | | 36% | 5 |
| 4 | Dissatisfied | | 7% | 1 |
| 5 | Very dissatisfied | | 0% | 0 |

Comments on why you are satisfied/dissatisfied sent to WMC: (10)

15. Do you know how to make a complaint to the centre or how to give positive feedback?

| Answer Choices | | | Response Percent | Response Total |
|----------------|-----|--|------------------|----------------|
| 1 | Yes | | 38% | 5 |
| 2 | No | | 62% | 8 |

16. Do you have any other comments to make about Wokingham Medical Centre (e.g what you like most about the centre, one thing you would change about the centre)

| Answer Choices | | Response Percent | Response Total |
|----------------|--|------------------|----------------|
| 1 | Open-Ended Questions with comments sent to WMC | 100% | 11 |

17. Do you or the patient you are caring for have a disability?

| Answer Choices | | Response Percent | Response Total |
|----------------|-----|------------------|----------------|
| 1 | Yes | 0% | 0 |
| 2 | No | 100% | 14 |

18. If yes, what is the nature of your/the patient you are caring for disability? (Please tick all that are applicable)

| Answer Choices | | Response Percent | Response Total |
|----------------|--|------------------|----------------|
| 1 | Learning or developmental disabilities (including dyslexia and autism) | 0% | 0 |
| 2 | Long term illness (including cancer, diabetes, HIV and multiple sclerosis) | 0% | 0 |
| 3 | Mental health condition (including anxiety, bipolar disorder and depression) | 0% | 0 |
| 4 | Physical impairment (including arthritis, cerebral palsy and using a wheelchair) | 0% | 0 |
| 5 | Sensory impairment (including hearing, sight and speech impairments) | 0% | 0 |
| 6 | Prefer not to say | 0% | 0 |
| 7 | Not known | 0% | 0 |
| 8 | Other (please specify): | 0% | 0 |

18. If yes, what is the nature of your/the patient you are caring for disability? (Please tick all that are applicable)

Other (please specify): (0)

No answers found.

19. Please tell us your age range:

| Answer Choices | | Response Percent | Response Total |
|----------------|-----------|------------------|----------------|
| 1 | 18-24 | 0% | 0 |
| 2 | 25-34 | 0% | 0 |
| 3 | 35-44 | 0% | 0 |
| 4 | 45-54 | 14% | 2 |
| 5 | 55-64 | 7% | 1 |
| 6 | 65-74 | 29% | 4 |
| 7 | 75-84 | 43% | 6 |
| 8 | 85+ | 7% | 1 |
| 9 | Not known | 0% | 0 |



20. Please tell us your gender:

| Answer Choices | | Response Percent | Response Total |
|----------------|--------------------------|------------------|----------------|
| 1 | Woman | 71% | 10 |
| 2 | Man | 29% | 4 |
| 3 | Non-binary | 0% | 0 |
| 4 | Prefer not to say | 0% | 0 |
| 5 | Prefer to self describe: | 0% | 0 |

Prefer to self describe: (0)

No answers found.

21. Please select your ethnicity:

| Answer Choices | | Response Percent | Response Total |
|----------------|--|------------------|----------------|
| 1 | Arab | 0% | 0 |
| 2 | Asian or Asian British: Chinese | 0% | 0 |
| 3 | Asian or Asian British: Bangladeshi | 0% | 0 |
| 4 | Asian or Asian British: Indian | 0% | 0 |
| 5 | Asian or Asian British: Pakistani | 0% | 0 |
| 6 | Asian or Asian British: Any other Asian background  | 7% | 1 |
| 7 | Black/Black British: African | 0% | 0 |
| 8 | Black/Black British: Caribbean | 0% | 0 |
| 9 | Black/Black British: Any other Black/Black British background | 0% | 0 |
| 10 | Mixed/multiple ethnic groups: Black Caribbean and White | 0% | 0 |
| 11 | Mixed/multiple ethnic groups: Black African and White | 0% | 0 |
| 12 | Mixed/multiple ethnic groups: Asian and White | 0% | 0 |
| 13 | Mixed/multiple ethnic groups: Any other mixed/multiple ethnic background | 0% | 0 |
| 14 | White: British/Northern Irish/Scottish/Welsh  | 85% | 11 |
| 15 | White: Gypsy, Traveller | 0% | 0 |
| 16 | White: Roma | 0% | 0 |

21. Please select your ethnicity:

| | | | | |
|-----------------------------|-----------------------------|-------------------------------------|----|---|
| 17 | White: Any other background | <input checked="" type="checkbox"/> | 8% | 1 |
| 18 | Prefer not to say | <input type="checkbox"/> | 0% | 0 |
| 19 | Other (please specify): | <input type="checkbox"/> | 0% | 0 |
| Other (please specify): (0) | | | | |




healthwatch
Wokingham Borough


Wokingham Charity & Community Hub
Waterford House
Erfstadt Court
Wokingham
RG40 2YF

www.healthwatchwokingham.co.uk

t: 0118 418 1418

e: enquiries@healthwatchwokingham.co.uk

 [@HW_Wokingham](https://twitter.com/HW_Wokingham)

 [@HealthwatchWokingham](https://www.facebook.com/HealthwatchWokingham)

This page is intentionally left blank

HEALTH OVERVIEW AND SCRUTINY COMMITTEE FORWARD PROGRAMME 2023-24

| DATE OF MEETING | ITEMS | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER |
|-----------------|------------------------------------|---|--------------------------|---------------------------------------|
| 31 January 2024 | Autism Strategy | Challenge item | Challenge item | Adult Social Care |
| | WestCall – out of hours GP service | Update | Update | Berkshire NS Foundation Trust |
| | Coroners court | Referral from Community and Corporate Overview and Scrutiny Committee | Update | |
| | Healthwatch update | Challenge item | Challenge item | Healthwatch Wokingham Borough |
| | ASC KPIs | Challenge item | Challenge item | Matt Pope |

87

| DATE OF MEETING | ITEMS | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER |
|-----------------|---------------------------------|-------------------|--------------------------|---------------------------------------|
| 19 March 2024 | South Central Ambulance Service | Update | Update | SCAS |
| | Healthwatch update | Challenge item | Challenge item | Healthwatch Wokingham Borough |
| | ASC KPIs | Challenge item | Challenge item | Matt Pope |

Currently unscheduled topics:

- Maternal mental health
- GP access
- Communicating different ways of working with the public – NHS App

This page is intentionally left blank

Health Overview and Scrutiny Committee – Action Tracker 2023/24

| Health Overview and Scrutiny Committee – 19 September 2023 | | |
|---|---|--|
| Agenda Item | Action | Update |
| Minutes of Previous Meeting | <ul style="list-style-type: none"> • Agreed | <ul style="list-style-type: none"> • Completed |
| Update on dental services | <ul style="list-style-type: none"> • Further update in the future, including information around the flexible commissioning pilot. | <ul style="list-style-type: none"> • Ongoing |
| Home care (domiciliary care) | <ul style="list-style-type: none"> • A more detailed update on domiciliary care at a future meeting, and that this include information regarding budgets, actuals, and the different providers. Wesley Hedger indicated that the detailed annual Market Position Statement could also be provided and information regarding the cost of care exercise. | <ul style="list-style-type: none"> • Ongoing |
| Update from Healthwatch Wokingham Borough | <ul style="list-style-type: none"> • Discuss Wokingham Medical Centre Enter and View report at next meeting | <ul style="list-style-type: none"> • Ongoing - requested |
| Adult Services KPIs | <ul style="list-style-type: none"> • Written response from officers to query regarding AS1 'Social work assessments allocated to commence within 28 days of the requests (counted at point of allocation)' | <ul style="list-style-type: none"> • Ongoing – requested |
| Work Programme | <ul style="list-style-type: none"> • currently unscheduled items on GP access and communicating different ways of working be scheduled as two separate items. • maternal mental health be scheduled for the first meeting of the 2024 municipal year, and that this include training for midwives around mental health. | <ul style="list-style-type: none"> • Ongoing • Ongoing |

This page is intentionally left blank