

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

Committee Members Present

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

Others Present

Martin Sloan, Assistant Director Adult Social Care Transformation and Integration
Katie Summers, NHS Berkshire West CCG
Lewis Willing, Head of Health and Social Care Integration
Phil Cunnington
Nick Durman, Healthwatch Wokingham Borough, Healthwatch Wokingham Borough
Madeleine Shopland, Democratic & Electoral Services Specialist
Raghuv Bhasin, Director of Systems Partnerships, Royal Berkshire NHS Foundation Trust

36. APOLOGIES

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

37. MINUTES OF PREVIOUS MEETING

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

38. DECLARATION OF INTEREST

There were no declarations of interest.

39. PUBLIC QUESTION TIME

There were no public questions.

40. MEMBER QUESTION TIME

There were no Member questions.

41. ROYAL BERKSHIRE NHS FOUNDATION TRUST

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

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

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

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

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

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

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

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

RESOLVED: That

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

42. GP PRACTICE PROVISION AND GP SERVICES

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

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

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

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

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

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

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

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

RESOLVED: That

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

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

43. HEALTHWATCH WOKINGHAM BOROUGH

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

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

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

RESOLVED: That

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

44. FORWARD PROGRAMME

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

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

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

RESOLVED: That the forward programme be noted.

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