

Patient Panel West Berkshire

*A group acting as a communication system between
Newbury & District Clinical Commissioning Group in West Berkshire and
member groups.*

MINUTES of the West Berkshire Patient Panel meeting held at the West Berks Community Hospital on Thursday, 26th October 2017 starting at 7.30 pm.

Present: Erica Tipton, Chapel Row Bucklebury PPG
Elisabeth (Lis) Whittaker, Falkland PPG
Ray Buckland, Burdwood PPG
Jane Belcher, WBCH PIP
Rob Tayton, WBCH Building Trust
Betty Taylor, Woolton Hill PPG
Kamal Bahia, CCG & Burdwood Practice Manager
Paul Stuart-Kregor, Hungerford PPG
Jane McCarthy, Lambourn PPG
Andrew Sharp, Manager, Healthwatch West Berkshire
Sylvia Grimwood, Falkland PPG
Elizabeth Recaldin, WBCH PIP
Hazel Burgess, WBCH PIP
Gwen Mason, Governor RBHFT (W. Berks)
Colin Lee MBE, Public Governor RBHFT
John Bagshaw, Public Governor RBHFT
Judy McCulloch, Strawberry Hill
Karen Swaffield, Patient Contributor
Adrian Barker, NDCCG Lay Member
Gill Guy, Woolton Hill PPG
Adil Pervez, PIP
R & C Wolstenholme, PIP

Apologies: Jill Bosley, PPWB Treasurer
Sue White, Head of Adult Services BHFT
Eileen Henderson, WBCH In-patient Services Manager
Aileen Blackley, Thatcham PPG
Fred Carter, Downland PPG

Erica welcomed Steve McManus, CEO of RBHFT to the meeting and attendees introduced themselves. Steve proceeded to give a presentation covering the Strategic Clinical Model for Ambulatory Care Sites and Clinical Development at West Berkshire Community Hospital. *Presentation notes are attached. Also electronic copies (Word and Power Point) attached for easy distribution if required.*

1. **MINUTES** of the meeting held on 27th July 2017 having previously been circulated were taken as read and approved.
2. **MATTERS ARISING** – none.
3. **TREASURER'S REPORT**

Finance Report Patient Panel 26.10.2017

Date	Description of Items	Receipts	Payments	Balance
01/04/2017	Funds as of start of financial year			£8.707.43
16/08/17	June/Sept Secretarial expenses		£40.00	£8.667.43
16/09/17	Refreshments for AGM		£37.90	£8.629.53
Balance to date				£8.629.53

4. **UPDATES**

a) **Royal Berkshire Hospital**

Gwen Mason reported that RBHFT West Berkshire now has a full complement of Public Governors – herself, Colin Lee and John Bagshaw.

b) **Patient Information Point** – Report from Jane Belcher, Acting Chairman

- i) Still looking for volunteers.
- ii) An increase in visits from Staff and the public.
- iii) Diabetics Support Group (Diabetes UK) looking to be established. Information has been sent out but no responses received so far.

c) **Clinical Commissioning Group (CCG)**

- i) Emphasis on keeping well in winter; stay warm, slips, trips & falls prevention, flu clinics.
- ii) ACS (Accountable Care System) – outpatients transformation is underway.
- iii) IT – continued work on Connected Care. 1000 users at BHFT. Aim is to avoid working in silos. Looking at a Patient Portal for health & social care.
- iv) 7 day working – Practices are looking at the expectations of the specification to see what they need to deliver.

d) **Healthwatch**

All covered on their website – visit to Prospect Park, report on homeless in the district, “Thinking Together” in Hungerford.

e) **West Berks Hospital Building Trust**

- i) Renal and Cancer Unit - going to plan - shell and core will be completed November, fit out takes 5 months - first patients should be treated May 2018. Officially opened in October 2018. There will be an open day for the public before May 2018.
- ii) CT Scanner - the room is now being prepared for the CT scanner.
- iii) Rosemary Appeal - Just over £3 million has been raised in donations and promised money.
- iv) Automatic door to children old now in place so it is much warmer.
- v) Air conditioning being put into Minor Surgery Room in OPD.
- vi) MRI scanner - still waiting to hear.

f) **Patient In-Services Manager WBCH**

No information.

g) **BHFT**

No information.

5. **NEWS FROM PPGs**

a) **Burdwood**

i) **Practice 30th Anniversary**

- 16 Sept
- There was cake & prosecco!
- Good turn-out of patients, past & present staff and local dignitaries
- Local health service organisations provided information and advice
- 50th Heartstart defib was unveiled

ii) **Building works**

- Two new healthcare consulting rooms operational.
- Upgrades are ongoing to existing consulting rooms:
 - flooring (Infection Control Compliancy)
 - taps
 - boiler
 - LED lighting

iii) **Staff appointments**

- Two new Healthcare Assistants
- One new Admin person

iv) **Newsletter**

- 2nd issue was distributed on 16 Sept at the 30th anniversary event.
- 3rd issue planned for early November - main theme: Keeping Well During Winter
- Meet The Staff: Sarah Croton (Nurse Practitioner)

b) **Hungerford**

- i) We have had just one, truncated meeting since the last PPWB meeting plus an EGM. The next regular meeting is on the 14.11.2017.
- ii) David Piper resigned at the meeting on 12th September. The PPG is indebted to David's energy and efforts in establishing and ensuring the required momentum to establish the PPG over the last 2 years. A new chair was elected unanimously at the EGM held on the 10th October.
- iii) Our monthly Cancer support group (social gathering) held at The Bear Hungerford continues to grow.
- iv) PPG members involved were at the Flu Clinics (see below) to increase awareness and interest.
- v) Our Carer support group continues to hold meetings on the 3rd Tuesday morning of each month in Hungerford Library and is proving valuable, help us provided by Stephen Hammond from the Berkshire Carers Hub.
- vi) The PPG members leading the Diabetes support group initiative has recognised that with a West Berkshire Diabetes Group already established, it is better to link in with their efforts. The intention is that some meetings will be held in Hungerford (in addition to the regular meetings in Newbury).
- vii) The practice is up to staff strength with waiting times for routine appointments cut dramatically.
- viii) Our DNA figures are still high (78 failed appointments) with the worst being for the nurses looking after the diabetes and asthma patients. Appointment letters have been changed to highlight the need for patients to confirm attendance at appointments as a means of cutting the number of DNAs here.
- ix) The Flu Sessions (4) ran smoothly with relatively short waiting times and a total of approximately 800 patients seen at the surgery.
- x) At the next PPG meeting we are planning to discuss options for broadening our efforts to reach out further to the patient population.

c) **Thatcham** (Notes from Thatcham PPG meeting held on 25th September 2017)

i) **Fibro Scan Clinic**

The first clinic of 8 patients had been held. Initial feedback indicated that some patients had been referred as a result of attending this clinic.

ii) **Internal Meeting Reports** - not held during the holiday period

iii) **Practice Report**

GPs :

- Dr Matt Ashton, due to provide maternity cover, has already started as a locum.
- Dr Yinka has joined as a registrar

Nurses :

- New Practice Nurse, Katherine Titheridge has started and a newly qualified nurse is due to start.
- There will be another nurse shortly

Admin Staff :

- 1 new Administrator
- 2 new reception staff

- iv) **MSK triage** – physio triage This was working well and good reviews had been left on Choices
- v) **Prescribing targets** -Polypharmacy – review of patients who are on 10 or more repeat medications.
- vi) **Saturday Flu** vaccine clinics will be held
- vii) **Online Patient Access** – some 12.5% of TMP had signed up. (The target set by NHS England is 10% of the practice population by 31st March 2018)
- viii) **Telephones** - An analysis of received calls was discussed. The main points were;
 - Over 100,000 annually
 - Over 8,000 / month
 - Some 500 / day or more than 1 call a minute
 - Average call length – 2.5 minutesUnsurprisingly the busiest time was Monday mornings when up to 6 staff were on the phones. Even during the day, 2-3 staff were required to answer the calls in a timely way.
- ix) **Stall on Broadway Green**
 - A theme was not considered practical but, apart from the raffle, emphasis would be placed on getting patients to sign up for Online Patient Services.
 - Leaflets and other information will be collated

x) **Newsletter** – will be produced shortly

d) Falkland

- i) Recently bought a therapy couch which is proving very helpful indeed.
- ii) Had out AGM on 16th October. Extremely good talk was given by one of our own doctors on Childhood Ailments. This was very much appreciated by the very reasonably sized audience.
- iii) First committee meeting of the new committee takes place on Monday next.

e) Woolton Hill

- i) Meeting on the 8 August was with Kintbury and it was suggest that we run the surgeries as one. A Kintbury member will come to our next meeting.
- ii) Patient prescriptions are now running on a 3 day wait and a flow chart is planned to explain in more detail.
- iii) The influx of new patients has slowed but houses at Harewood Place are selling well.
- iv) Patient survey forms have been posted to 400 randomly selected patients and forms are in both surgeries for patients to collect and return when completed.

f) Chapel Row, Bucklebury

- i) We held a very informative meeting in September. This was attended by Rhian Holdway who gave a presentation about a research project being run by Dr. Deepak Ravindran (RBH Department of Pain Medicine) about the medical condition Fibromyalgia. Dr Ravindran is conducting research of this condition in 16 – 24 year old patients and is keen to raise awareness of this condition to patients of this age group and GPs in General practice.
- ii) The October PPG Newsletter was discussed and topics for inclusion included 'Ask a doctor a Question' Prescript planning leading up to Christmas and Flu Vaccinations.
- iii) The park and Ride at Mereok was noted – just south of Junction11 of the M4 The bus fare cost is £2.00 single and £3.50 return and is being run by Reading Buses.

g) Lambourn

Lambourn PPG report submitted after this PPWB meeting.

- i) In a rural area – and where if you live a mile from a Pharmacy the medical supplies are provided by the Pharmacy in the Surgery. The shop down the Valley has closed, which used to deliver to housebound patients. The Surgery are finding very difficult to find anybody willing to do it – from their own Pharmacy, at the moment they are using the Volunteer Drivers – which is not what the Volunteer Drivers were set up to do! Each Parish Council are going to be approached to see if they can provide help.
- ii) Diabetic Group at the Surgery – it was decided it wasn't necessary as there were Diabetic Support Group in Newbury already running. But the Diabetic Nurses were to be approached - to see if it would benefit the local population. Children are looked after by the hospital and do find it hard to transfer. Plus, any time in a very friendly Surgery, one of the Nurses could be approached with any difficulties.

h) Downland

No information.

j) Strawberry Hill

- i) We have had a break in meetings due to difficulty in deciding how to go forward. At our last meeting it was agreed we would meet quickly to set up a temporary membership structure and define terms for operation. Following that we hope to hold an AGM to which we will invite all patients of the surgery.
- ii) The bus service proposed for the surgery could not be taken forward. The money that the surgery had put forward for this is ring-fenced for the benefit of patients. We are hoping that we will be able to engage patient opinion on how to use this money and some ideas were put forward at our latest meeting.

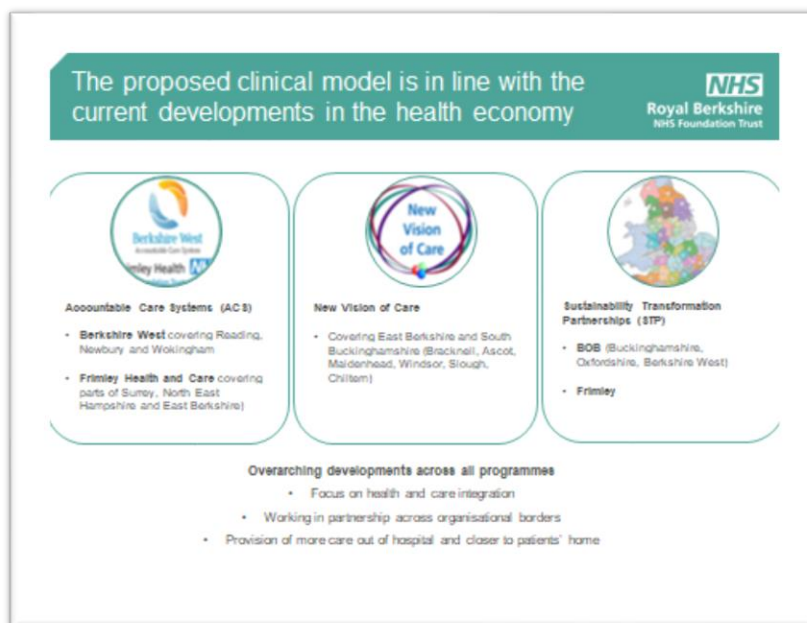
6. FUTURE MEETINGS

- i) The next meeting should be on Thursday, 1st February 2018. Booking confirmation received.
- ii) Decide date of AGM 2018 at above meeting.

7. ANY OTHER BUSINESS

- i) Agenda item 8 from Karen Swaffield (cross county matters) will be held over until the next meeting due to time restraints. **Action: Lis to put Karen & Kamal at end of agenda.**
- ii) Karen suggested that a future speaker could be Jane Bywater regarding the ReFLECT process and this topic would dovetail in with the above mentioned agenda item.
Action: Karen to let Lis have Jane's contact details.

Presentation from Steve McManus to Patient Panel West Berkshire on 26th October 2016



Five principles that underpin a future vision for clinical services



Integrated outpatient delivery model

- Position Royal Berkshire Hospital (RBH) as hub and with a network of spoke facilities
- Acute, complex and specialist services in hub
- Comprehensive, low-complexity services in the spokes
- Spokes as valuable part of an integrated delivery system with single management team (work in progress)

Increased service provision in spokes

- Increase clinical support and diagnostic capabilities and capacities of spokes
- Aligned service offering between public service providers
- Deliver care in an innovative way/ new models of care

Improved access through provision of care closer to home

- Shift of 60-80% of outpatient appointments from RBH to spokes (based on the patients' geographical area where clinically possible)
- Choose right location for each service (based on patient volume, medical condition, acuity level, resource intensity)


Increasing use of technology

- In service delivery tele-medicine, virtual clinics
- Connectivity of GP and other clinical groups to patient records


Optimal resource utilisation

- Utilise full potential of all (public) estates
- Optimising our workforce on all sites

Outpatients of the future




A new view on Outpatients



- Smartphone and App technology
- Bringing patients, consultants and GPs together for virtual/MDT appointments
- Completion of questionnaires
- Face to Face appointments
- FaceTime / Skype
- Skype
- Specialist clinicians providing A&G for GPs & other
- Telephone follow up
- Care closer to home
- Virtual Clinics
- Patient initiated appointment at point of need not routine

Requirements for a "high functioning" ambulatory care site



Service scope

- Prevention** – chronic disease management and hospital admission avoidance e.g. Rapid Access Clinical Unit (RACU), access to community beds
- Clinical care** – one stop shops, clinics with diagnostics and treatment, multipedality clinics (dilation shops), linked GP surgery (on site or adjacent to spoke) for joint consultations
- Therapies & support services** – access to Physiotherapy, Occupational Therapy, Dietician, Psychology, social care and community services in partnership with community providers
- Procedure room** – for use by specialities that don't require sterile theatre environment for procedures e.g. dermatology, ENT examination, cystoscopy, oral surgery, plastic surgery
- Urgent care services/ minor injuries unit** – in collaboration with community partners, but not A&E services
- GP services incl. OOH** – in collaboration with practices (on site or connected with GP practices)

Diagnostics and clinical support functions

- Diagnostics** – X-ray (with tele-radiological integration to RBH), Ultrasound, ECG, Echocardiography. Mobile solutions for CT and MR
- Laboratory (POCT only)** – Phlebotomy with same day blood tests and integrated pathology system (BSPS access across boundaries).
- Pharmacy** – on-site or link to offsite community pharmacy
- Rehabilitation/ Physiotherapy**

Education/ Training

- Staff training, patient education & engagement, GP training & engagement, Medical School

IT

- Broadband, access to EPR, BSPS for all GPs.
- IT to support staff on-site e.g. with access to specialists for professionals and patients
- Virtual hub – facilities for teleconferencing, GP discussion and virtual clinics

Workforce

- Residential team** of nurses, AHP (physio- and other therapists), pharmacists, administration
- Specialist nurses/ AHP only for clinics

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Optimising sites may require expansion in the facilities and equipment available

Comparison of current setup in the spokes and requirements for an optimized use of the facilities:

	Townlands	Healthcare Bradwell	WBCH
Service Scope			
Clinical Care			
Prevention & admission avoidance			
Therapies & support services			
Procedure room			
Minor injuries unit			
Diagnostic and Clinical support functions			
Radiology			
Phlebology			
Pharmacy			
IT			
IT infrastructure and access			
Virtual hub			
Workforce			
Nursing/ Admin			

Already available
Partly available
Not available
No information

The increasing utilisation of our spoke facilities includes a number of interlinked factors:

- Additional activity volume:** shifting clinics from the RBH site and managing patients in the site closest to their home
- Optimised utilisation:** analysis of current spoke utilisation and assess capacity demand from additional patient volume
- Transformation:** Changes in the way outpatient clinics are managed (consultant-led, nurse-led, virtual, one stop shop, etc.)
- Reducing waste:** e.g. avoidance of unnecessary outpatient appointments
- Finance:** financial resources for upgrading spokes e.g. diagnostics and clinical support functions
- Growth/ expansions:** all sites have the potential for expansion

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Clinical Development at West Berkshire Community Hospital

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MRI/CT Facilities

- The plan is to commission a new CT scanner at WBCH in January 2018; the installation work commenced last week.
- The mobile MRI scanner at WBCH is due for replacement in the next financial year and we're currently exploring options; these include replacement with another mobile unit, replacement with a modular facility on the WBCH site or converting an internal space to create a new facility. There is no definite timetable at present, as this will depend on which option goes forward.
- The scheduling of appointments for these imaging modalities will continue to be managed by the Radiology department in Reading and slots will continue to be allocated on the basis of clinical need and/or the location of the patient.
- For a variety of reasons it isn't generally practical to offer CT & MRI scanning on a 'one-stop' basis (i.e. a walk-in basis from outpatient clinics), so the plans to increase outpatient activity at WBCH are unlikely to adversely impact on the availability of CT & MRI for the local population.

IV Therapy Unit – 'Rosemary Centre'

Charity funded by the generosity of Newbury & District Cancer Care Trust



- Definite demand for chemotherapy at WBCH and care closer to home, fits with our local 'hub and spoke' model
- Aligns with our local and national cancer strategy
- Patients attending RBH can experience long travelling distances, poor parking, old estate
- Very good patient experience on Mobile Unit at WBCH – the permanent unit will provide even better facilities
- WBCH patient chemotherapy demand is approximately 3 days per week
- Out of hub chemotherapy is very challenging in terms of
 1. Pharmacy logistics
 2. Specialist nurse staffing
 3. Increased costs

Current Plan



- Opening for oncology patients in Spring 2018
- Very high spec build
- Shared facility with Sue Ryder (Community Palliative Care Team) and Berkshire Healthcare 'Hi-Tec' Team (Community IV team)
- One day a week in first instance with an ambition to increase to three
- Local patients offered chemotherapy and SACT (systemic anti-cancer therapies), not only IV but oral and sub-cutaneous
- We already have oncology clinics at WBCH site which will help support this service



Renal Dialysis



- The build has already started and the walls and roof are nearly completed
- Internal fit out starts early December and is expected to be completed late April
- Opening for patients in May/June 2018
- The unit will be called the 'Enborne Dialysis Unit' with two side rooms 'The Naik side room' and 'The Galbraith side room'
- On opening, we are hoping to operate 8 dialysis chairs with the ability to expand to 10 chairs
- A project team of clinicians, managerial and estates staff are ensuring the project remains on its agreed timeline