

BOARD MEETING IN PUBLIC
Thursday 22nd November 2016 - 11.30-12.30:
Conference room, 3rd floor, Reading Central Library,
Abbey Square, Reading, RG1 3BQ

AGENDA

Time	Agenda Item	Page	Lead
11:30	Welcome and Introductions	-	Chair
	Declaration of Interest	-	Chair
	Pre-submitted questions from the Public		
	ACTIVITIES		
11:35	Minutes of previous meeting	Page 3	Chair
	ACTION/DISCUSSION		
11:40	1. Workplan - projects for quarter 3	discussion	MKS
12:00	2. Performance and Intelligence Report quarter 2	Page 6	MKS
12:10	3. Communications Report	Page 17	MKS
12:20	Questions from the Public		
12:30	Meeting close	-	-

Glossary of Terms

BHFT	-	Berkshire Healthcare Foundation Trust
BME	-	Black and Ethnic Minorities
CAMHS	-	Child and Adolescent Mental Health Services
CCG	-	Clinical Commissioning Group
CIC	-	Community Interest Company
CQC	-	Care Quality Commission
CSU	-	Commissioning Support Unit
CVS	-	Council for Voluntary Services
DoH/DH	-	Department of Health
LA	-	Local Authority
LES	-	Locally Enhanced Service
NICE	-	National Institute for Health and Clinical Excellence
NHSE	-	National Health Service England
NWRPV	-	North and West Reading Patient Voice
PALS	-	Patient Advice and Liaison Services
PDSN	-	Physical Disability and Sensory Needs
PPG	-	Patient Participation Group
RAB	-	Reading Association for the Blind
RBC	-	Reading Borough Council
RBH/RBFT	-	Royal Berkshire Hospital/Royal Berkshire Foundation Trust
ROPP	-	Reading Older People's Partnership
RVA	-	Reading Voluntary Action
SEAP	-	Support Empower Advocate Promote - Advocacy Organisation
SR CCG	-	South Reading Clinical Commissioning Group
SRPV	-	South Reading Patient Voice
STP	-	Sustainability and Transformation Plans
ToR	-	Terms of Reference

Healthwatch Reading Board Meeting in Public Minutes: Thursday 22nd November 2016

Present:

Board: David Shepherd (DS) - Chairman, Francis Brown (FB), Douglas Findlay (DF), Libby Stroud (LS), Helena Turner (HT).

Staff: Mandeep Kaur Sira (MKS), Rebecca Norris (RN), Catherine Williams (CW), Pat Bunch (PB), Merlyn Barrett (MB) and Phil Healy (PH)

Apologies: Tony Hall, Sheila Booth, John Rogers, Sue Pigott,

No declarations of interest.

The public meeting for this meeting was replaced with our annual general meeting. The AGM included a presentation of our activities from the past year and focused on the launch of our primary care report. This launch included a panel debate with, Kim Frewin, a nurse prescriber based at Pembroke Surgery, Ida Osei, who works as a prescribing pharmacist seeing patients at Tilehurst Surgery and Dr Simone McGee, academic director of the physician associate (PA) programme at Reading University.

Healthwatch Reading Annual General Meeting 2016 - report of the event

We were delighted to welcome around 35 members of our local community to our annual general meeting on 21st July. This year we decided to do things a little differently, by having a panel of speakers related to our main project for 2015-2016: people's experience of primary care in Reading.

For most of us, visits to our GP surgery are our main contact with the NHS - there are 340m consultations carried out each year in the UK and 90 per cent of people's contact with the NHS is with primary care. At our AGM, we presented highlights from our project, which involved visits to 31 GP surgeries in Reading to get a snapshot of patient experience at each site. When we pooled the findings from the 595 people we spoke to, we found that:

- More than 8 in 10 people are happy with the quality of care they receive
- Most people booked appointments by telephone - only 7% said they booked online
- People were generally okay with their surgery's opening hours but there is a variation across Reading: six surgeries said they did not open at all on a Saturday and we think more needs to be done to ensure working people have access to more convenient appointment times, regardless of where they live in Reading
- One-quarter of people did not always see the doctor or nurse of their choice and this was a concern for many people who value the trusted relationship they build up with clinicians.

During our project, there was a lot of national and local discussion about shortages of GPs. We know some Reading surgeries heavily rely on locums (temporary doctors), and this affects patients who might feel frustrated at having to 'tell their story' again to an unfamiliar clinician. One of the solutions proposed to deal with GP shortages is using the skills of other primary care physicians to take up some of the less complex workload of GPs. During our project work, we

discovered some of these professionals being employed in Reading surgeries. They came to our AGM to help explain their role to the public.

Kim Frewin, a nurse prescriber based at Pembroke Surgery explained that she not only carries out normal practice nurse tasks, but also carries out telephone triage of patients, and can see and prescribe for patients with acute and chronic diseases. She will also see female patients who have requested to see a female clinician, if a female doctor is unavailable. As a former health visitor she could also deal with a lot of baby and child issues. She believes as a nurse prescriber, she can carry out 'a good chunk' of a GP's workload.

The main point she wanted to stress was that while independent nurse prescribers can technically prescribe anything from the British National Formulary (the full list of UK medications), nurse prescribers are trained to only prescribe within their field of expertise. So for example, a hospital nurse prescriber specialising in caring for patients with just one specific disease, would probably not be able to walk into a GP surgery and confidently prescribe for the wide range of conditions that patients present with in primary care.

Next we heard from Ida Osei, who works as a prescribing pharmacist seeing patients at Tilehurst Surgery. Ida had previously worked in London, carrying out asthma reviews and had decided she wanted to develop that further to work more directly with patients. Ida does a mixture of work at Tilehurst. She might review patients' prescriptions, speak to patients on the telephone to see whether they need to come into the surgery, and then run consultations with patients. She says patients can't be forced to see her, but if they do ring up seeking a GP but are offered an appointment with her instead, the advantage is that her appointments are 20 minutes long. Legally, she can prescribe anything to patients, except certain controlled drugs.

'A minority of patients might think, 'Am I being fobbed off? But if you deliver - by listening to patients, taking a full history and agreeing a plan with them - people learn about your role and start to accept you. I introduce myself as Ida, the practice pharmacist. You must be transparent and explain who you are and when you have to go and check with a doctor if you are unsure on any points.'

Lastly we heard from Dr Simone McGee, academic director of the physician associate (PA) programme at Reading University that is training a variety of professionals to work as PAs in GP surgeries and see patients.

The PA role originated in the United States and is now growing in the UK. Simone told the AGM audience that she previously worked as a GP in Reading before taking a career break and returning as an academic. She said to become a physician's associate, a person must be a post-graduate and most trainees had a life sciences degree. Students on the current course include paramedics and clinical psychologists. They undergo an intense two-year course of 45 weeks per year - essentially a three-year course into two years. The students are trained in the 'medical model', to think the same way as a doctor in terms of taking a history from a patient, and coming up with a management plan with the patient.

The PA students have to gain experience while training, and in Reading students have spent time at Western Elms Surgery and University Health Centre.

This summer, 15 students will qualify as PAs and a further 18 students will start at the University of Reading course in September.

The biggest stumbling block for PAs is that currently, they cannot legally prescribe, although they can suggest prescriptions for GPs to sign off.

New legislation is anticipated to give them prescribing powers.

Simone said the National Faculty of PAs has found that most PAs in training are intending to go into general practice. They can also work in other settings and the Royal Berkshire Hospital has some physician assistant roles.

Overall, Simone thought a PA could take up to 50 per cent of a GP's workload, leaving GPs to concentrate on more complex patients who have several serious conditions. People attending the AGM said afterwards they found the talks very informative.

The meeting also heard from our chief executive Mandeep Kaur Sira, who emphasised how much local people trusted our organisation to give them information and advice, or individual advocacy for serious complaints or social services care planning. We have now been running for more than three years and in 2016-17 we have to cope with a 15 per cent budget cut from the council. Despite this, we will endeavour to keep offering the best service we can to local people.

2. Performance and Intelligence Report for Quarter 2

Summary of performance for quarter 2

The second quarter continues to be busy with Healthwatch now moving to a rolling workplan that focuses on shorter term projects. The second quarter continues to see a steady flow of people engaging with Healthwatch Reading. In total this quarter we engaged with 7,087 people through outreach activities such as events, social media, our website and project activities. This performance report has been redesigned to highlight our performance against Healthwatch's statutory duties as laid out in local Healthwatch's quality statements. There are 5 quality statements we are measured against. The report below outlines our performance against these statements.

Quality Statement 1: Strategic Context and Relationships

Having a strong understanding of the strengths and weaknesses of the local health and social care system is critical to the success of local Healthwatch.

The table below outlines the 38 strategic meetings attended this quarter. The table also includes the purpose and frequency of these meetings.

No	Meeting/Board	Purpose	Frequency
1	Berkshire West HW engagement meeting	Meeting with CCGs to look at engagement of communities in CCG work	Quarterly
2	Berkshire West Quality Committee	To look at issues of quality of health services across Berkshire west	Bi-monthly
3	BHFT SMT meeting	To discuss patient experience with senior management team for Reading	Quarterly
4	Big Conversation	Home First Hub workshop	workshop
5	Carers Steering Group	Implementation of carers action plan for Reading	Quarterly
6	CCG Care Homes Project	Delivery of CCG Care Homes work	Monthly
7	CMMV Programme Board	To review and agree commissioning of children, maternity, mental health and voluntary services across Berkshire West	Monthly
8	CQC and Healthwatch	Catch on local intelligence and inspection plans	Quarterly
9	End of Life feedback sub group	Look at developing appropriate feedback mechanism and deliver these	workshops
10	End of Life Project Group	Delivery of End of Life project	Monthly
11	Healthwatch England STP steering group	To look at the involvement of patients across the UK in the development of STP plans and strategy's	Quarterly
12	Healthwatch England advisory group	To discuss issues pertinent to local Healthwatches	Quarterly
13	Health and Wellbeing involvement Group	Development of the HWB strategy	Workshops
14	Health and Wellbeing Board Agenda setting meeting	To set the agenda for the Health and Wellbeing Board meetings	Quarterly

15	Health and Wellbeing Board	Oversee the commissioning of health and social care services	Quarterly
16	Health and Wellbeing Board closed session	To review STP plans	workshop
17	Homelessness Audit project group	How to produce the homeless community in Reading	Bi-monthly
18	Integrated NHS 111/Urgent Care reprocurement	To reprocure the 111 service at a Thames Valley level	Monthly
19	Integrated NHS 111/Urgent Care Bidder Evaluation	Evaluate shortlisted bidder for 111 service	Day event
20	Integrated NHS 111/Urgent Care Co-production workshops	Co-produce specification for 111 service	2 x day workshops
21	Integration Programme Board	Oversight of integration projects across Reading	Monthly
22	Maples Day Centre move meetings	To manage the move of services from the Maples Day Centre to Rivermead leisure centre	Monthly
23	North and West Reading CCG governing body meeting	Board meeting in public	Quarterly
24	North and West Reading CCG Patient Voice Group	Meeting of PPG chairs from North and West Reading CCG	Monthly
25	Older Peoples Working group	Meeting to look at issues of concern to the older community in Reading	Quarterly
26	Primary Care Commissioning operational group	Manage commissioning of GP services	Monthly
27	Primary Care Commissioning Committee	Manage commissioning of GP services	Quarterly
28	Reading CCGs patient engagement and strategy group	To develop strategies for patient involvement and engagement across Reading	Bi-monthly
29	Reading Voice Advocates meeting	Peer meetings to look at learning and share experiences and learning	Bi-monthly
30	Reading Voice Steering Group	To oversee the delivery of Care Act Advocacy	Quarterly
31	Safeguarding Adults Partnership Board	Oversee safeguarding across Berkshire West	Quarterly
32	Safeguarding Adults Review Panel	Review safeguarding cases	-
33	South Central Ambulance Service Equality and Diversity Committee	To monitor SCAS performance against meeting their duties under the Equality Act	Quarterly
34	South Reading CCG governing body meeting	Board meeting in public	Quarterly
35	South Reading Patient Voice	Meeting of patient representatives from the South Reading area	Monthly
36	SR CCG CQC Quality Summit	Discuss CQC findings GP services in SR	Conference
37	Thames Valley Healthwatches Board	Network meeting and Thames Valley Strategy meetings for Healthwatches	Quarterly

		across the Thames Valley and Healthwatch England	
38	Urgent Care Programme Board - now called the A&E delivery Board	To review and agree the commission of urgent care services across Berkshire West.	Monthly

Quality Statement 2: Community Voice and Influence

Local Healthwatch have statutory duties to:

- Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services;
- Enable local people to monitor the standard provision of local care services and whether and how local care services could and ought to be improved;
- Getting the views of local people regarding their needs for, and experience of, local care services and importantly to make these views known.

These findings are outlined in the following data that we have collected showing how people get in touch with us and what they contact us about.

Breakdown of how people become aware of Healthwatch Reading

Category	Apr-Jun 16	Jul-Sep 16	Oct-Dec16	Jan-Mar17
Care Act Advocacy referral	11	11		
Drop in	4	0		
Friend or Relative	2	1		
Healthwatch England	0	2		
HWR Flyer/Poster	2	1		
HWR newsletter	1	1		
HWR Outreach	3	1		
HWR project	1	1		
HWR website	7	3		
Internet search engine	6	12		
NHS service provider	0	1		
Not supplied	0	4		
Other local Healthwatch	1	1		
PALS/Complaints office at BHFT	2	0		
PALS/Complaints office at CCG	0	1		
PALS/Complaints office at RBH	2	0		
Previous contact or complainant	4	7		
Reference Group Member	3	0		
Referred from a Board member	1	0		
Referred from CCG	0	1		
Referred from NHS England	1	0		

Referred from other advice agency	1	2		
Referred from RBC	3	2		
Referred from SEAP	1	0		
Referred from voluntary sector	2	4		
Via a staff member	1	2		
Word of Mouth	0	1		
You are a Staff or Board member	2	1		
Total	61	60		

Breakdown of the method of contact used to get in touch with Healthwatch Reading

Method	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
Telephone	39	37		
Drop-in	11	2		
Email	8	14		
Website form	2	0		
Outreach	1	3		
Not supplied	0	4		
Total	61	60		

Number of people engaged through Healthwatch Reading communications

Communications and Engagement method	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
Visits to website	3380	3222		
Number of people receiving monthly newsletter	755	697		
Followers on twitter	2596	2706		
Likes on Facebook page	68	73		

Number of engagement activities undertaken with local people

Quarter	Number of Activities	Number of participants
Apr-Jun 2016	9	236
Jul-Sep 2016	7	189
Oct-Dec 2016		
Jan-Mar 2017		
Total	16	425

The engagement activities undertaken in this quarter were:

- Maples service user engagement event

- North and West Reading patient voice meeting x 2
- South Reading patient voice
- Healthwatch Reading AGM
- Presentation to Health and Wellbeing Board
- Presentation to Primary Care Commissioning Committee

A thematic breakdown of the views that local people are contacting us about

Theme	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
Administration/Communication issues	6	7		
Attitude of staff	3	4		
Advice on service user involvement/engagement	2	1		
Care Act Advocacy requests	12	11		
Commissioning of services query	4	3		
Data protection breach	1			
Delay in referral to treatment	2			
Delay in treatment	4	4		
Event enquiry	1	1		
Failed discharge from hospital	2	1		
Funding cuts news item	0	1		
Poor quality care	14	5		
Poor clinical care	0	1		
Positive feedback	2			
Problems with medication prescriptions	2			
Problems accessing services	2	6		
Problems with medication	1			
Request for advocacy out of scope of CAA and NHS complaints	0	3		
Signposting to a service	0	6		
Transport service delays	1			
Not Supplied	1	6		
Unable to get a GP appointment	1			
Total	61	60		

Services that relate to the reason people contact us

Service	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
BHFT	5	9		
CCG	2	3		
Dentists	1	1		
GP	15	7		
Healthwatch services	1			
Out of area provider	5	6		
Pharmacy	1			
Private provider	1			
RBC	13	15		
RBH	12	15		
SCAS	2	1		
Social Care Provider	2	3		
Voluntary Sector	2	1		
Not supplied		4		
Total	61	65		

Provider service breakdown for the reason people contacted Healthwatch Reading:

Service	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
GP	15	7		
Circuit Lane		2		
Grovelands Practise		1		
London Road Surgery		1		
Parkside Medical Centre		1		
Priory Avenue Surgery		1		
University Medical Practise		1		
RBC	13	15		
Care Act Advocacy referral	9	11		
Integration of services	1			
Housing	1	1		
Community engagement	1			
Social Services		3		
RBH	12	15		
Maternity services	2			
A&E	2	2		
AMU		1		
Ophthalmology	1	2		

Paediatrics		1		
PALS	1	2		
Care on Ward		5		
Wheelchair services	1			
Oncology	1			
General	4	2		
Out of area provider	5	6		
Milton Keynes local authority	2			
West Berkshire local authority	1			
Midlands and Lancashire CSU		1		
National Neurology Hospital		1		
BHFT	5	9		
Prospect Park Hospital	4	4		
Community mental health services	1	1		
CAMHS		2		
Crisis Support		2		
SCAS	2	1		
Community transport	1			
111	1	1		
Social Care Provider	2	3		
Voluntary Sector	2	1		
Berkshire Carers HUB	1			
Citizens Advice Bureau	1			
CCG	2	3		
CHC		2		
Private provider	1	0		
Healthwatch services	1	0		
Pharmacy	1	0		
Dentists	1	1		
Total	61	61		

Quality Statement 3: Making a difference locally

Local Healthwatch has a statutory role:

- To make reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and shared with Healthwatch England.
- To formulate views on the standard of provision and whether and how the local care services could and ought to be improved. Share these views with Healthwatch England.

This statement is captured in our workplan which and the engagement work and Enter and View activity that we carry out. This quarter we did not carry out any Enter and Views however we completed our engagement work on collecting people's views on Electronic prescribing and spoke to approximately 150 people this quarter.

Number of Enter and View activities undertaken and number of participants

	Number of Enter and View activities	Number of participants
Apr-Jun 2016	10	249
Jul-Sep 2016	0	0
Oct-Dec 2016		
Jan-Mar 2017		
Total	10	249

Quality Statement 4: Informing people

Local Healthwatch has a statutory role to provide advice and information about access to local care services so choices can be made about local care services.

Number of people contacting Healthwatch Reading and their reason for contact

Reason	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
Care Act advocacy	11	12		
Information and advice	15	24		
Informal advocacy	8	7		
Negative feedback	6	4		
NHS complaint advocacy	19	8		
Positive feedback	2	1		
Not supplied	0	4		
Total	61	60		

A breakdown of services related to contacts for information, advice and advocacy

Service provider	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
RBH	4	15		
CCG	0	3		
RBC	3	18		
Out of area provider	2	5		
Voluntary sector	2	1		
GP	2	6		
Healthwatch services	1	0		
BHFT	1	10		
Social Care Provider	0	2		
Total	15	60		

A breakdown of the reason for contacts that is related to information and advice

Service provider	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
Commissioning of services query	3	2		
CAA referral for review, assessment or safeguarding		11		
Problems accessing services	2	6		
Advice on service user involvement/engagement	2			
Poor quality care	1	6		
Administration/Communication issues	1	6		
Delay in treatment	1	3		
Event enquiry	1			
Request for advocacy out of scope of NHS and CAA	1	4		
Problems with medication	1			
Failed discharge from hospital	1	1		
Problems with medication prescriptions	1			
Poor Clinical Care	0	1		
Misc		12		
Attitude of staff	0	4		
Total	15	56		

Number of people being supported with an NHS complaint and the services they relate to

Service	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
GP	6	1		
RBH	5	5		
BHFT	3	1		
Pharmacy	1	0		
CCG	1	0		
Dentists	1	0		
SCAS	1	0		
RBC	1	1		
Out of area provider	0	2		
Total	19	10		

Quality Statement 5: Relationship with Healthwatch England

Local Healthwatch has a statutory role:

- To make recommendations to Healthwatch England to advise the Care Quality Commission, (CQC), to conduct special reviews or investigations direct to the CQC; and to make recommendations to Healthwatch England to publish reports about particular issues
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively

Number of escalations made to Healthwatch England

	Number	Subject matter
Apr-Jun 2016	0	
Jul-Sep 2016	1	Dental support for refugee communities
Oct-Dec 2016		
Jan-Mar 2017		
Total	0	

Number of escalations to the CQC

	Number	Service
Apr-Jun 2016	0	
Jul-Sep 2016	0	
Oct-Dec 2016		
Jan-Mar 2017		
Total	0	

Number of reports shared with Healthwatch England and the network

	Number	Subject matter
Apr-Jun 2016	0	
Jul-Sep 2016	1	Primary Care services in Reading
Oct-Dec 2016		
Jan-Mar 2017		
Total	0	

Number of project groups and/or committees participating in with Healthwatch England
Healthwatch Reading have secured a place on the committee of local Healthwatch that will be monitoring the progress and advising local Healthwatch on the sustainability and transformation plans, we will be representing the Thames Valley on the committee.

Healthwatch Reading also attended the Healthwatch England local Healthwatch advisory committee.

3. Communications Report



Media coverage 1 July - 30 sept 2016

DATE	MEDIA	HEADLINE	HWR analysis
25/9/16	Reading Chronicle http://www.readingchronicle.co.uk/News/14762221.Healthwatch_warn_of_GP_lottery_for_extended_hours_care/	<i>Healthwatch warn of GP 'lottery' for extended hours care</i>	Story covering our analysis of the differences in GP appointments offered to people in early mornings, late evenings or weekends, from our report into primary care. Appeared in paper and online
30/9/16	Re-tweet by NHS England South	Re-tweeting our tweet thanking all the people who had completed our survey on EPS so far	NHS England South has 22,505 followers Our tweet included link to online survey
30/9/16	North and West Reading CCG on Twitter liked our tweet	Our tweet announced our visit to a GP surgery to carry out EPS survey	N&W CCG is a commissioner of health services and has 2,244
28/9/16	EastReadingCommunity forum re-tweet	Our tweet noted the closure of branch surgery Tilehurst	EastReadingCommunity has 3,720 followers and is active in sending out local news to Reading people and councillors
20/9/16	Councillor Ashley Pearce on Twitter, re-tweet	We had tweeted story about A&E targets being missed	The councillor made a comment about pressure on depleted council budgets
12/9/16	Jane Chandler, deputy director of nursing and governance at RBFT, retweet	We had tweeted to ask people for questions ahead of our meeting with Jean O'Callaghan	
2/9/16	SeapAdvocacy Berks and two individuals re-tweet	We had tweeted a signpost to national organisation providing help on CHC funding	

16/8/16	North and West Reading CCG and South Reading CCG re-tweet	Our tweet urged people to have say on draft NICE guidance about young people's transition to adult services	
10/8/16	Councillor Jan Gavin liked a tweet	Our tweet included an NHSE video of a blind patient talking about difficulty in accessing services	HWE also retweeted
21 July	Councillor Tony Jones tweet about our AGM and presentation	He described how we had talked about shortage of GPs and new roles to fill	Sarah Morland of RVA also retweeted to say very information presentations at AGM
15/7/16	Councillor Rachel Eden tweet	She said HWR had made a good point at HWBB about 'consultations after decisions, isn't really consultation'	The HWBB had been discussing lack of consultation with public on BOB STP