

## WOKINGHAM AREA PPG FORUM

Minutes of the meeting  
held at Woosehill Community Centre  
Thursday 21<sup>st</sup> April 2016

Chaired by Tony Lloyd

Wargrave PPG

### Those in attendance

Debbie Milligan (DM)

WCCG

Helen Clark (HC)

Berks West Federation

Barry Harris (BH)

Brookside

Peter Davis (PD)

Parkside

Marion Naylor (MN)

Parkside

Roberta Stewart (RS)

Swallowfield Medical Practice

Tom Berman (TB)

Wargrave

Tony Lloyd (TL)

Wargrave

Christine Holland (CH)

Wokingham Medical Centre.

Sharon Connolly (SC)

Woosehill

Teresa Gautrey (TG)

Woosehill

### Apologies for absence

Pat Evans (PE)

Finchampstead

Clare Odds (CO)

Finchampstead

Marilyn Burtwell (MB)

Finchampstead

Julie May (JM)

Loddon Vale

Andrew Wells – King (A W-K)

New Wokingham Road

Brian O'Regan (B O'R)

New Wokingham Road

Stephen Evans (SE)

Parkside

Peter Davis (PD)

Parkside

Fran Leafe (FL)

Swallowfield

Sandy Smith (SS)

Swallowfield Medical Practice

Jim Stockley (JS)

Healthwatch, Wokingham

6 out of the 13 Wokingham Borough practices were represented at this meeting. (Absentees: Burma Hills, Finchampstead, Loddon Vale, New Wokingham Road, Twyford, Wilderness Road, and Woodley).

### 1. Apologies for absence

Received as noted above. JM on 22<sup>nd</sup>

2. Minutes of the last meeting (Thursday Jan 7<sup>th</sup> 2016)

These were agreed.

3. Matters arising

All completed.

4. CCG report

4.1. Capacity Planning.

DM advised that the approach being adopted by the CCG was to take into account the retirement plans of the current GP workforce and to expand existing practices wherever possible in order to maintain high quality services provided within the Borough. Discussions with Wokingham Borough Council are ongoing. Regarding Shinfield this is currently out to tender but the new provider will be expected to attend CCG meeting in relation to Wokingham patients.

Regarding expansion plans, bids are currently in for Brookside, Swallowfield and Finchampstead. This money is coming from the Primary Care Transformation Fund. The results of the bids for Funding will be announced later in the year. . Woollahill are also planning on making more room for patient care though it is not clear where the additional staff will come from.

4.2. S 106 / CIL money

Section 106 money has been largely replaced by Community Infrastructure Levy or CIL. These funds are controlled by the local authorities and there is no requirement to spend this on healthcare providers. The CCG is in dialogue with Wokingham Borough Council regarding this. . The only practice in Wokingham that has benefitted from these funds to date is the Wokingham Medical Centre.

4.3. Primary Care Commissioning

As of April 1<sup>st</sup> the four Berkshire West CCGs are fully delegated commissioners of Primary Care Services. The legal responsibility remains with NHS England but they have delegated the bulk of their functions to the CCG. The budget across Berks West is about £65 millions. Most of this is already committed. It will be held as a separate budget. The governance arrangements had to be approved before the budgets were delegated. In 2015/16 Joint commissioning arrangements were put in place. 2016/17 will be a transition year and NHS England will still retain some experienced primary care commissioners to help with the transition. They have standard operating procedures that the CCG will be required to conform to. This should ensure that common procedures are followed throughout the UK. Additional regulations and requirements for Primary care would in the main have to be included in the GP contract and could not generally be imposed locally.

Specifically there is a requirement for a committee to preside over these arrangements which must meet in public and which must have a prescribed constitution. This committee is obliged to have a majority of lay members and GPs can be required to absent themselves from discussions of proposals that they have a financial interest in. Its main responsibility is to deliver the Berkshire West Primary Care strategy. NHS England representatives currently attend these meetings in the non-voting capacity. This committee has taken over responsibility from the joint commissioning committee which hitherto had been responsible for overseeing primary care. Any major changes in the way that primary care was delivered would need to go to consultation prior to implementation. The minutes of these meetings are available on the CCG website on this link <http://www.wokinghamccg.nhs.uk/pccc> .

#### 4.4. Appointment systems

Debbie Milligan confirmed that the CCG's were investigating the possibility of introducing triage systems in the Wokingham Borough area. One option would be to use the 111 service and another would be to use GP front door or another app. Somehow or other GPs need to find a way to free up time so that they can devote more time to people with chronic ailments. The CCG also argues that it is important to maximise the use of the skills of other medical professionals that operate from GP surgeries such as pharmacists, paramedics and practice nurses. Feedback from the meeting indicated low levels of confidence in the 111 service. Debbie confirmed that, if the 111 proposal goes forward, it will be piloted at one or two surgeries initially. If so, it is hoped that this could commence within this financial year.

#### 4.5. Walk in Centre

DM confirmed that the CCG's policy was to improve the efficiency of local surgeries rather than invest in bricks and mortar for a new walk-in centre. Even if the funds were available for such a facility it would face the same problems of recruitment of suitable staff as was currently being experienced elsewhere in the Borough.

CH referred to the walk-in centre at Brants Bridge in Bracknell. DM emphasised that Brants Bridge is a minor injuries and walk-in unit commissioned by CCGs in Berkshire East. It is not intended to provide ongoing care for patients with long-term conditions. BH also made the point that it was more expensive for the CCG if patients turned up at Brants Bridge than if they attended the surgeries they were registered at as the CCG pays an additional fee for each attendance at the centre.

#### 4.6. Children's mental health services

Local transformation plans have been approved by NHS England. Consideration is being given to how the Royal Berkshire Hospital works with CAMHS. (Mental health services for adults have been in place for some time and have proved useful). Specifications for the new service have been

finalised with Berkshire Healthcare trust and Berkshire East CCG to reflect new national standards for accessing care. Other than long-term patients with autism and ADHD, children with other mental health issues are now being seen more quickly than before. Some resources have been made available to the voluntary sector to support families that are on the waiting list. Overall responsibility for commissioning the services is with **Gabrielle Alford** who is a CPN by background.

#### 4.7. Strategy

HC confirmed that the CCG had been working on the development of an accountable care organisation (ACO) for some time. The ACO covers the Royal Berkshire hospital, Berkshire Healthcare trust and the four CCG's in Berkshire West.

In terms of planning for 2016-17, the CCG was asked to produce a one-year plan which, in executive summary form, has been submitted.. The CCG is awaiting comment from NHS England. Information on this will be provided to patients in due course. A five-year plan Strategic Transformation Plan (STP) is also being produced but the CCGs were told that this would have to be produced on a broader basis. There are some sustainability funds associated with this five-year plan. Berkshire West is now part of the Thames Valley sustainability footprint which covers Buckinghamshire, Oxfordshire and Berkshire West. It is anticipated that the ACO for Berkshire West will be the basis for the local contribution to the five-year plan.

HC explained that the whole idea of the ACO was to integrate the services being provided in the most efficient way possible by releasing the constraints that stifle innovation within the current system.

The development and implementation of the ACO will be controlled by three layers of meetings - a leadership group comprising the CEOs , a management group and a clinical reference group. There are plans to involve social services and local authorities although it is anticipated that they will be involved at a later date. There will need to be a non CCG GP to represent GP providers on the clinical reference group.

TL asked whether it might be possible for the CCG to produce a two-page summary to explain what ACO's and STPs are, why people think they are a good idea, what they are meant to achieve and how this might happen. HC advised that the CCG were developing a comms plan and offered to advise the forum on progress.

### **ACTION DM and HC**

#### 4.8. Next year

TL indicated that the RBH was forecasting a small surplus next year based upon the higher tariffs that had been conceded for 2016/17, volume growth and a favourable QIPP outcome. This is in stark contrast with the outcome for

2015/16 where the trust reported a deficit of £9.1 million. TL asked whether this additional CCG expenditure was sustainable and whether the CCG's could afford to fund it. DM advised that the CCG finances for 2016/17 were dire. Although the CCG made its forecast surplus in 2015/16 it is unable to draw down previous surplus funding as this is being used to balance the national position. This was despite the fact that the CCG is the third least well funded CCG in England. The projected shortfall for Berkshire West will possibly be as much as £20 million next year, depending on the terms in the final contracts negotiated with the RBH next year. QIPP savings are being agreed to offset this position but the overall consequence of this is that the CCGs must get the ACO to work.

#### 4.9. Neighbourhood Clusters.

SH described a recent PPG meeting at Woosehill surgery where the doctor that attended revealed that he knew nothing about neighbourhood clusters and that, as far as he knew, the initiative was unfunded and still just an idea. SC and TG commented that this revelation came after they had reported back to their PPG the details of the neighbourhood cluster proposals and had received an enthusiastic response. The doctor's revelation was very disheartening.

DM indicated that there had been some resistance from both GPs and patients to the proposals but that it was likely to go ahead in a modified form and she undertook to ensure that the revised details will be fully communicated to GP's and practice managers.

#### **ACTION DM**

DM and HC left the meeting at this point.

#### 4.10. PPG updates

##### 4.10.1. Brookside

Brookside is continuing with its policy of offering Saturday appointments. It offers about 350 each month but they experience a high level of non-attendance (DNAs). During the week NDA's are running at about 2% whereas on Saturday NDA's have been running at about 8%.. The "sit and wait" initiative has been successful particularly on Mondays and Fridays and will continue. The practice is planning to expand online services to patients with plans for patient records to be made available and later for test results to be accessible.

##### 4.10.2. Woosehill

Woosehill made a drastic change to their appointment system in February. Telephone triage was discontinued because salaried GPs, often inexperienced, were concerned that they were going to take the blame for some serious misdiagnosis. Consequently once all the urgent slots for a given day have been taken, patients will be invited to come and "sit and wait" for an appointment with the next available doctor. Because

there are only a limited number of “sit and wait” appointments, once these have all been allocated patients are advised to contact 111 and do whatever 111 advises. The practice is reporting that, although there were some initial complaints from patients and from NHS 111, things have now settled down. Moreover the practice maintains that the LMC is supporting this initiative.

SC and TG reported that one consequence of this initiative is that it is now virtually impossible to book an appointment in advance. They are intending to survey their membership to assess patient reaction to these changes. TL asked if the outcome of the surveys could be distributed to forum members in due course.

### **ACTION TG**

TG reported that she had requested how many patients were using online services at the Woosehill practice. Although PPG had been advised that this was a popular service it turns out that only 120 patients were using online services out of the list of 12,100.

#### 4.10.3. Swallowfield

A minor illness nurse had been recruited but was underutilised. Instead the practice is now setting up an acute illness clinic and is recruiting for that post. The practice have been using Capita to manage its patient record system but they have been having problems and were very unhappy with the service. PPG members had been reporting that it was very difficult to access the online systems since Capita had taken over and the previous telephone booking system was no longer working as efficiently as it had in the past. Capita have promised to provide the practice with updated software which may alleviate some of the reported issues.

#### 4.10.4. Wokingham Medical Centre

CH reported that there had been serious intermittent problems with the practice telephone system. Two senior partners had just retired and it was proving very difficult to recruit replacements. The CQC had reversed their previous position and now rate Wokingham medical centre as “Good”. One of the issues that the CQC had raised was that two complaints on NHS choices have not been answered by the practice. The practice pointed out that these complaints were not visible to them and therefore they were unable to respond. The CQC visit took place in January.

#### 4.10.5. Wargrave

The Patient panel is now up to 1250 members - about 20% of the patient list. At a recent PPG meeting the doctors talked about the GP crisis. The PPG. determined that it would issue a newsletter to the patient panel explaining what the crisis is and how it might affect patient care in the future. The PPG had asked the doctors for some bullet points to

incorporate in the newsletter but it was intended that the newsletter would come from the PPG. The PPG is collaborating with the practice and with the Wargrave Runners to relocate the practice defibrillator outside the building for public use. The PPG welcomes the concept of community navigators and has invited Steve McSweeney, the coordinator, to address the next meeting. Community navigators, it is understood, will navigate patients to support services and other facilities in the local community

#### 4.10.6. Parkside

PD reported that the PPG had done a survey over the winter which had now been analysed. Once this has been signed off they agreed to circulate this to the Forum.

#### **ACTION PD**

It has become evident that many patients are unaware of how to use online services. The PPG has therefore asked one of its members to prepare a short guide to using online services which will be incorporated in a newsletter in due course. The practice would like to recruit more people to answer telephones if they only have somewhere to put them. The practice has recruited a physician associate but this has caused some disquiet because the physician associate is paid more than a nurse practitioner. However, as the practice is unable to recruit a nurse practitioner, this disquiet is not manifest. The CQC visit is expected on April 26<sup>th</sup>. Arrangements have been made for them to communicate with the PPG chair on the telephone as he is currently unwell. TG noted that their practice (Woosehill) had not permitted PPG members to have a private meeting with the CQC lead. They had insisted that there was a member of staff present throughout the interview and the CQC lead was not assertive enough to insist on a confidential meeting.

#### 4.10.7. Finchampstead

Pat Evans had sent in a brief report. They have lost a number of committee members from the PPG. Two people that were involved in the management of their surveys have left. They are however planning to do a survey this year concentrating on their vision for GP services. They had a CQC inspection in February but have yet to receiving feedback.

### 5. AOB

TL advised that Woodley Age Concern had gone into liquidation and had been taken over temporarily by Wokingham Borough Council. Wokingham Age Concern provide a variety of day care services and respite care for the local community. The Berkshire carers service has also gone into liquidation due primarily to a reduction of local authority funding.

SC reminded the meeting that the promised feedback on the joint strategic needs assessment had not been received. TL asked the meeting to submit any other issues that they required additional clarification on and he would forward them to

the CCG for comment.

TL thanked SC for organising the room but there was a general feeling amongst forum members that this would not be a suitable venue for future meetings as it was too small. SC undertook to explore alternative venues.

### **ACTION SC**

#### 6. Date of next meeting

The next meeting is scheduled for Thursday July 7<sup>th</sup> at 7pm at Wokingham Town Hall