

WOKINGHAM AREA PPG FORUM

Minutes of the meeting
held at Wokingham Town Hall – Jubilee Room
Thursday 7th July 2016

Chaired by Tony Lloyd

Wargrave PPG

Those in attendance

Debbie Milligan (DM)

WCCG

David Cook

WCCG

Andrew Price

WCCG

Darrel Gale

FFPH Consultant in Public Health

Barry Harris (BH)

Brookside

Peter Davis (PD)

Parkside

Marion Naylor (MN)

Parkside

Tom Berman (TB)

Wargrave

Tony Lloyd (TL)

Wargrave

Christine Holland (CH)

Wokingham Medical Centre.

Sharon Connolly (SC)

Woosehill

Clare Odds (CO)

Finchampstead

Marilyn Burtwell (MB)

Finchampstead

Andrew Wells – King (A W-K)

New Wokingham Road

Apologies for absence

Pat Evans (PE)

Finchampstead

Julie May (JM)

Loddon Vale

Brian O'Regan (B O'R)

New Wokingham Road

Stephen Evans (SE)

Parkside

Fran Leafe (FL)

Swallowfield

Sandy Smith (SS)

Swallowfield Medical Practice

Roberta Stewart (RS)

Swallowfield Medical Practice

Jim Stockley (JS)

Healthwatch, Wokingham

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

- 1) Apologies for absence
Received as noted above.

2) Minutes of the last meeting (Thursday April 21st 2016)

DC requested that the minutes be corrected regarding apologies for absence. Apologies from himself and Andrew Price for the meeting on April 21st had been inadvertently omitted. Other than this the minutes were approved as an accurate record of the meeting.

3) Matters arising

Update on neighbourhood clusters – Carried forward DM.
Woosehill Patient Survey TG not in attendance – Carried forward TG
Parkside Patient Survey Not yet released – Carried Forward PD

4) CCG report

a. *Let's Talk Health and Social Care in Wokingham Borough on 23rd June*

DC advised that there had been about 36 attendees at the Wokingham meeting. The two main topics were a) changes in primary care and b) elderly care. The meeting was generally positive about the prevention agenda. Questions were asked about how many GPs their work in Wokingham Borough. There were some concerns about physician associates and how they were regulated and what roles they were going to fulfil. The community navigator pilots that are taking place in Wargrave, Wokingham medical centre and Swallowfield had received some positive feedback but there were concerns about the capacity within the volunteer base when this is expanded to other practices. Neighbourhood clusters were discussed but the CCG is sensitive to the practical problems that older patients might face if asked to attend other practices for treatment. DC emphasised that the CCG was in listening mode. The closure of the Woodley day centre was raised as it seemed to be inconsistent with the CCG's policy for coping with increasing numbers of elderly people. DC mentioned that one attendee had referred to some flexibility issues at Wade.

b. Community Navigators and Better Care Fund

AP advised that, although the pilot was progressing in three locations (Wargrave, Swallowfield and Wokingham Medical Centre), it was working best in Wargrave. There had been 42 referrals to date and the average age of those referred was 69 and they were predominantly female, many of whom were carers.. There are plans to extend the trial to Brookside and Parkside. There had been positive feedback from GPs. The group discussed self referrals at length but were reminded that two public meetings had been organised on July 12 and July 19 at the Bradbury centre and St Nicholas Church Earley and that it would be possible to raise issues and find out more about the scheme at these meetings.

c. £16.5m savings target and other financial issues

DM provided an outline of some initial thinking on the measures that might need to be taken in order to achieve at least some of the required savings. For 2016/17, Berkshire West CCGs has a confirmed QIPP target of £17m

There could be some cost increases elsewhere in the local health economy. Accountable care organisation and update on STP (sustainability and

transformation plan)

The Berkshire West CCGs have reviewed the schemes within the 2016/17 QIPP programme and applied a level of risk rating (or confidence level that schemes are likely to deliver the planned savings). This analysis resulted in a shortfall of £7m (across Berkshire West). Consideration is being given to improving the deliverability of existing schemes and potential new schemes in order to improve this position.

In accordance with national planning requirements, the CCGs have worked as part of the broader Buckinghamshire, Oxfordshire and Berkshire West footprint (BOB) to develop a Sustainability and Transformation Plan (STP) at a Thames Valley level. The Berkshire East CCGs are part of the Frimley STP footprint. The completed plan was submitted on 30th June 2016 and incorporates the following 4 clinical priorities: Prevention, Urgent Care, Acute services, and Mental health and 2 enablers: Workforce and Interoperability. This plan is currently embargoed.

The CCGs continue to work with Royal Berkshire Foundation Trust, Berkshire Healthcare Trust and primary care providers to establish an Accountable Care System for Berkshire West. A system wide Clinical Strategic Group has been established, led by Lindsey Barker, Medical Director at RBFT, which will drive the transformation of clinical work streams.

d. Delayed discharge from the RBH

DM provided some up-to-date information on the number of patients at the Royal Berkshire hospital that were ready to discharge but had not yet been discharged. The overall number and the number of Wokingham-based patients were lower than had been expected. DM expressed her admiration for the effectiveness of the efforts made by Wokingham Borough Council staff despite their funding issues.

5) AOB

PD raised the issue of the very large number of patients that do not turn up for their appointments and suggested a Wokingham wide campaign to try to tackle this issue. It is astonishing that, at a time when patients are complaining that they cannot get an appointment, large numbers of other patients are not bothering to turn up to appointments already made.

6) Darrell Gale presentation

a) Factors influencing planning for primary healthcare include:-

(1) **Grimes report** commissioned by Wokingham Borough Council.

Wokingham Borough Council appointed Grimes Ltd. in January 2014 to carry out a needs assessment for primary healthcare requirements in the Borough's Strategic Development Locations at Arborfield Garrison, South of M4, Wokingham North and Wokingham South. This assessment informs the requests for developer Section 106, Community Infrastructure Levy (CIL) and/or other funding contributions. The Wokingham Core Strategy to 2026 identified a need to develop 13,232 new dwellings by 2026. The Wokingham strategy is to deliver the majority through four Strategic Development Locations and developments across other areas.

The Core Strategy aims to deliver sustainable growth which includes social, economic and environmental aspects. To ensure the SDLs are sustainable each will include a local centre comprising a range of shops as well as other services and amenities. The Core Strategy was based on the Berkshire Strategic Housing Market Assessment (SMHA) produced by DTZ in 2007 and the GL Hearn Housing Options Advice Report (October 2010) which predicted household sizes in a range of 2.42 to 2.52 persons per dwelling by 2026. The Census of 2011 indicated that Wokingham has maintained an occupancy rate of 2.52 per dwelling. The 2011 Census also indicated that the total population and number of households in Wokingham had not reached the expected levels identified in these planning reports. This may be due to national and international economic conditions delaying house building

The 2.52 persons per dwelling figure will be used for developing capacity in General Practice as it creates a nominal 4% contingency in capacity planning over the minimum population prediction for 2026. Based on an average occupancy rate of 2.52 the Borough will see an increase in population of 33,280 persons totalling 185,020 household residents which equates to a 22% increase in resident population by 2026.

(2) NHS England

NHS England have confirmed three key planning assumptions:

- (a) GP lists should include 1,850 patients per Whole Time Equivalent (WTE) GP
- (b) Primary Care is moving towards a seven day a week delivery model
- (c) Newly formed Practices should have a minimum of three WTE GPs.

(3) Recruitment problems

- (a) There are already GP vacancies in Wokingham Borough that cannot be filled despite continued advertising. The predictions in the Grimes report indicate a need for 18 additional full time equivalent GPs over and above current levels and, taking into account the fact that most available GPs are female and of child bearing age, it is predicted that an additional 36 posts will be required to service the increased population.

b) Section 106 funds

- i) On April 1st 2015 , s106 was replaced by the Community Infrastructure Levy (CIL)
- ii) About three quarters of the Strategic Development locations (SDLs) are covered by s106 agreements. The remainder are covered by CIL arrangements.
- iii) S106 agreements are intended to help fund infrastructure including roads, community centres across 13 different headings, one of which is primary healthcare. The allocation of funds across headings is determined by negotiation between local authorities and developers. The local authority opted to plan development in large units mainly in order to access s106 funding for infrastructure. Prior to that , small scale developments of 13 houses or less were exempt from the need for s106 funds. Hence there were lots of developments that were at this lower size. The Borough had no option other than to develop in SDL format simply to generate the s106 funds to finance development of additional schools and other essential infrastructure.

- iv) To date the only s106 money that has gone into primary healthcare is the allocation of £150k to the Wokingham Medical Centre. There is an additional £71k that has been received but not yet allocated and £865k still to come
 - v) DC noted that the s106 money was capital funding and that facilities still needed to be staffed and finding the revenue funding for that will be a major challenge.
- c) Community Infrastructure Levy (CIL)
- i) CIL applies to just 2 of the SDLs in the Borough – South half of Arbourfield (1500 units) and Wokingham without south of the Railway line (1850 units)
 - ii) Wokingham Borough managed to negotiate the 2nd highest CIL rate in England. Unlike s106, CIL does not have the same obligations or the 13 headings. Local authorities may use the funds as they wish for road schemes but there is no specific provision for any allocation to primary health care. Practices however can bid for available funds and most have done so. Funding is also available from NHS England
 - iii) The average house size is about 100 sq metres which will generate about £36,500 for infrastructure.
 - iv) If a neighbourhood plan is in place then 25% of this goes to the town or parish where the development is taking place. This can have perverse consequences where boundaries are inappropriate.
 - v) The rules for self build are that if a developer permits buyers to specify significant aspects of the design at an early stage then this counts as self build and is exempt from CIL liability.
 - vi) 30% of housing on the SDL sites is “affordable. Some will be social rents but most will be mixed tenure whereby the tenant part owns the house and pays rent of the remainder.
 - vii) With CIL the 13 headings no longer apply. Local authorities will be under no obligation to fund primary healthcare and NHS England have some funds available for the capital costs of expanding provision. Most surgeries are aware of these funding streams and are preparing bids. There is an annual CIL bidding process. All bids will have to be approved by the local authority but currently there is no mechanism to do this due to the disbanding of the relevant sub-committee.
- d) Primary Care in the NHS 5 year plan
- i) NHS England believe that the key to providing more services in the community rather than in acute hospitals is to build much larger primary health care facilities typically serving populations of 30,000 people. No new surgeries are likely to be approved unless they conform to this ideal.
 - ii) CH raised the issue of parking. NHS developments never have enough parking provision. DG referred back to policy decisions to restrict parking provision in order to stimulate the use of public transport and to comply with environmental targets.

6 Date of next meeting

The next meeting is scheduled for Thursday October 6th at 7pm at Wokingham Town Hall