

Notice of Meeting



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Health and Wellbeing Board

Thursday, 20th May, 2021 at 9.30 am
in Council Chamber Council Offices
Market Street Newbury

Please note that a test of the fire and lockdown alarms will take place at 10am. If the alarm does not stop please follow instructions from officers.

Date of despatch of Agenda: Wednesday, 12 May 2021

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Gordon Oliver on (01635) 519486
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Further information and Minutes are also available on the Council's website at www.westberks.gov.uk



Agenda - Health and Wellbeing Board to be held on Thursday, 20 May 2021 *(continued)*

To: Zahid Aziz (Thames Valley Police), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health & Wellbeing), Shairoz Claridge (Berkshire West CCG), Councillor Lynne Doherty (Leader of Council), Charlotte Hall (Corn Exchange Newbury), Dom Hardy (Royal Berkshire NHS Foundation Trust), Matthew Hensby (Sovereign Housing Association), Paul Illman (Royal Berkshire Fire & Resuce Service), Dr Abid Irfan (Berkshire West CCG), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Sean Murphy (Public Protection Manager), Meradin Peachey (Director of Public Health for Berkshire West), Matthew Pearce (Service Director - Communities and Wellbeing), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (Executive Director (People)), Reva Stewart (Berkshire Healthcare NHS Foundation Trust), Councillor Joanne Stewart (Executive Portfolio: Adult Social Care) and Councillor Martha Vickers (Shadow spokesperson for H&WB)

Also to: Gordon Oliver (Corporate Policy Support), Sarah Rayfield (Public Health Trainee) and Sam Shepherd

Agenda

Part I

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- | | | |
|----|--|--------|
| 12 | Healthwatch Covid Patient Experience Survey Report
To present the Healthwatch report and written responses received to date in relation to the report's recommendations. | 3 - 14 |
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Sarah Clarke
Service Director: Strategy and Governance

If you require this information in a different format or translation, please contact Stephen Chard on telephone (01635) 519462.



West Berkshire
C O U N C I L

This is the response of West Berkshire Council (“WBC”) to the Healthwatch West Berkshire Report ‘Covid-19 First Wave Survey & Post First Wave findings in West Berkshire’ (“the Report”). Rather than respond separately in relation to recommendations referring to the Council, the Council’s Adult Social Care Service (“ASC”), Public Health Service, or the West Berkshire Health and Wellbeing Board (“HWB”), the responses have been combined into one.

An initial comment to make is that the Healthwatch survey is based on responses from 301 West Berkshire residents, ie less than 0.25% of the mid-2019 estimated 18+ population of the district (120,951 - ONS). By contrast, in Summer 2020, WBC ran a resident’s survey which had 3,295 responses (ie somewhat more than 10x the Healthwatch response). Whilst the WBC survey was not directly related to health issues, it did gauge attitudes to the WBC response to the pandemic.

Of course, WBC values the efforts made by any organisation in the district to capture the views of residents and share their findings, and recognises that a survey by WBC may not draw out a critique of the council that an independent survey might. WBC will consider all such feedback in conjunction with its own survey results to assess the mood of the district’s population and seek to address issues – indeed it is encouraging that some of the recommendations in the Report have already been identified and addressed, or are in the process of being addressed.

The respondents to the WBC survey included residents from all age groups, all ethnic groups, people with disabilities, and people that reported that they had Covid-19. The survey results showed that:

- respondents were aware of, and had used, a range of communication channels offered by WBC to access information about Covid-19 and service availability;
- 25.3% of respondents said they had volunteered to help in their local community during Covid-19;
- 72% were aware of the Community Support Hub (“CSH”);
- of the 777 respondents who had contacted WBC in the first three months of the pandemic, 62.2% would rate that contact as either excellent (26%) or good (36.2%);
- there were 3,004 responses (91.2% of all respondents) to a question seeking views on the WBC management of the local response to Covid-19. 62.3% rated that response as either ‘excellent’ (11.7%) or ‘good’ (50.6%), and 94.8% rating the response as at least ‘fair’ (a further 32.5%).

Recommendation 1 - Maintaining Covid-19 Volunteering Energy & Broadening the Community Response Hub Membership

Recommendation detail a): “West Berkshire Council (WBC)/Berkshire West Clinical Commissioning Group (BWCCG) should consider building on the local community response hub to create a joint Community/NHS Volunteer ‘Reserve’. This could be called upon when there is a need and/or as an emergency response e.g. vaccinations, extreme weather events, major incidents, staff respite, etc”

Response:

The emphasis behind the CSH was not to seek to direct or marshal community groups, but rather to support them and ensure that they had the means to react locally to local issues. The CSH did not directly engage BWCCG in its operation, although updates as to Covid response were provided by BWCCG.

WBC recognises the benefit of continuing and building on the success of local volunteering and has recently approved a new communication and engagement strategy that aims to build on the success of the community support hub and the local community response. This includes the formation of a new ‘Community Alliance’ (*working name*) and it is envisaged that increasing

and maintaining volunteering will likely form part of its work. WBC also works very closely with the Volunteer Centre who have played an important role in the local community response to the pandemic.

Recommendation detail b): “The Health and Wellbeing Board (H&WB) should consider broadening the membership of the Community Hub so that not only can it manage, administrate, and signpost enquiries - but also have the ability to solve some of the problems. For example, it would have been helpful if the CAB, local Healthwatch and key voluntary sector organisations (Foodbank, Furniture Project, Age UK, Fairclose) had been included operationally. Additionally, a greater integration with NHS volunteers service would be helpful and should be requested from NHS England”

Response:

The HWB is not, and has not been, the parent body for the CSH. Further, the thought behind the CSH was, very deliberately, not to have a multitude of bodies such as described engaged operationally, but rather to keep the membership very tight so that the Hub Core Group (Greenham Trust, West Berkshire Council, Volunteer Centre West Berkshire, Thames Valley Police, etc) was an agile body able to react to events as they arose. As stated above, the role of the CSH was not to organise the volunteers, or volunteer groups, charities, etc, but rather to provide them with support – the CSH has always operated as a signposting service in close collaboration with local community groups and voluntary sector organisations.

All of the voluntary groups mentioned in the recommendation have been actively linked to the CSH throughout the response to the pandemic and have provided update reports to the Hub Core Group.

As also anticipated above, WBC’s ambition is to build on the legacy and learning of the CSH through a new community alliance that will include voluntary sector partners aimed at strengthening community resilience and engagement with the public.

With regard to NHS Volunteers, the CSH has been making referrals throughout the pandemic response. This is a national scheme, independent of the CSH. This collaboration has worked well, but future plans for the national NHS Volunteer Scheme are at present unknown.

Recommendation 2 - Targeting support for both public and front-line staff, including the EDC (Ethnically Diverse Communities), based on need and risk

Recommendation detail a): “The H&WB ensures all system partners use up to date Population Risk Assessment Management and data more appropriately to target care resources to where they are needed without exceptions or inconsistencies based on categories/coding, but on need/vulnerability”

Response:

While the HWB can promote certain policies and actions amongst its partners and stakeholders, it does not have any statutory powers to ensure that partners adopt a particular approach.

ASC worked with vulnerable individuals to respond to the changed circumstances, or based on new requests for support, but does not employ a population-based approach. ASC works with health partners in line with the BWCCG response.

The Locality Integration Board is currently leading on population health management across the district. This will form part of the new Joint Health and Wellbeing Strategy with data being used to target those individuals who need support.

The HWB also has a statutory duty to produce a joint strategic needs assessment that looks at current and future health needs. This is continually updated through individual needs assessments to inform the planning and commissioning of services.

Recommendation detail b): “The H&WB ensures system partners correctly code and record outcomes from the EDC and other communities at the highest risk, benchmarking locally and nationally over the next five years to monitor material improvements”

Response:

As mentioned above, whilst the HWB can promote certain policies and actions amongst its partners and stakeholders, it does not have any statutory powers to ensure that partners adopt a particular approach

The NHS has already put plans in place to improve the coding of EDC in primary care. Collecting data on EDC is a key requirement of WBC in order to effectively undertake equality impact assessments. The 2021 Census will over time also provide a more up to date picture on local EDCs that can inform the provision and design of local services to support those with protected characteristics.

Recommendation 3 - Improved Timely Integrated Communications

Recommendation detail a): “BOB ICS, BWCCG, WBC, WB Public Health ensure communication teams in both Health, Local Authority, Public Health are properly resourced to guarantee they can communicate ALL relevant messaging to the public in a timely, clear way that reduces uncertainty, lowers anxiety, helps clarity of message and speeds up patients accessing treatment appropriately - telephone lines to GPs often blocked because of this!”

Response:

WBC has put in significant resource to support communication with residents, businesses, community groups, partners and other stakeholders throughout the pandemic. This included recruitment of four temporary communications officers, and funding for email marketing and social media management platforms and general PR activities. The team worked hard to get information out to residents in a clear and timely manner in an environment which was often rapidly changing. In addition, local authorities were often unsighted on national announcements, and often the implications of these had to be considered by WBC before any local communication to ensure information provided to residents was accurate.

During the pandemic, WBC has produced a weekly email bulletin to 41,000 local residents, a weekly/fortnightly bulletin for voluntary and community groups (the Hub bulletin), a weekly stakeholder briefing (Weeknotes), comms updates at LOEB (Local Outbreak Engagement Board), Facebook Lives, YouTube videos, worked across several social media channels with organic and paid adverts, community champion meetings, working with the CSH, working with local businesses (via meetings, videos, social media etc) to help share messages, joint working with Berkshire Public Health and other local authorities to share consistent messages, working with schools to target messages at young people and parents, and distributed hard copy materials including several all-household mailouts.

The residents’ survey referred to above showed that people who received WBC e-bulletins were 3.5 times more likely to consider the WBC response to the pandemic to have been ‘excellent’, showing a direct link between WBC’s communications and residents’ confidence in the council’s ability. Further, 81% said in the survey that their preferred way of receiving information was via email – which supports the work undertaken in sending weekly emails to 40,000+ residents.

As a specific example, on 19 December 2020 the Prime Minister made a short-notice tea-time announcement about the move to a new Tier 4 over Christmas. WBC circulated an e-bulletin the same evening – the email was opened 78,000 times with 10,000 clicks through to see details of the new restrictions. This endorses the e-bulletin as an extremely effective tool in getting important information to a wide audience at short notice.

The survey responses showed that 13% of residents preferred to receive information via social media. In 2020 engagement with the WBC Twitter feed increased almost three-fold at its peak from an average engagement rate of 1.3% in January 2020 to 3.9% in April 2020 (the average for the calendar year was 2.7%).

The Public Health and Wellbeing Team have received significant resource that has been ringfenced for the purpose of supporting the local Covid response. The team have worked closely with the WBC corporate Comms Team to protect the health of the population.

WBC has received numerous messages with positive feedback for the communications responses during the pandemic, eg:

“Thank you for sending me information about tomorrow’s Local Outbreak Engagement Board Meeting. I am looking forward to watching the YouTube streaming of the meeting. The Council’s communications during the Covid pandemic have been very good. My wife and I really appreciate the regular News Bulletins that your authority sends by email. The up-to-date statistics are of particular interest. It would be very helpful if the number of vaccinations delivered to district council residents could also be included as part of the Local Covid Cases Data.”

“Excellent newsletter. I’m sending it to social media across S Newbury.”

“West Berkshire Council, I would like to thank your Communications Team for setting up the Email News and weekly Covid Newsletters which have kept us fully informed during the pandemic and for the parallel Social Media posts putting all important news down many channels.”

Recommendation detail b): “BOB ICS, BWCCG, WBC, WB Public Health need to ensure accessible or translated communications are available simultaneously to the vulnerable e.g. EDC, the disabled, LD community in line with the Equality Act & NHS Accessibility Standards. So not an afterthought or leaving the public relying on Doctors of the World, Sign Health, Mencap etc”

Response:

Through the pandemic WBC has translated key documents into a number of languages and worked with local communities to distribute these. The team has worked with an external agency to have these translated as quickly as possible. This does take time and it is not always possible to have them available at the same time as the communications go out. To release them simultaneously would mean delaying the messaging going out to the wider community which would itself have health implications. WBC has worked with Community United, town and parish councils, and other voluntary and community groups, to help disseminate the translated materials in paper and digital format.

WBC has made use of infographics to communicate complex messages in more understandable ways. Also, with paid-for advertising on social media and other materials, messages were tailored to particular age groups (eg parents and children), simplifying national messages into plain English and removing jargon, so that it was easier to understand. In addition, subtitles have been added to videos so they are more accessible to people with hearing impairments.

WBC’s websites and communications are compliant with current accessibility standards.

Recommendation detail c): “WBC, the H&WB write to NHS England to ensure in future locally relevant non-controversial communications can be published with local agreement quickly. Additionally, that more sensitive communications are authorised through a swifter process. This would make sure that local information, as it relates to national media information, is always explained fully to West Berkshire residents & they are not kept in the dark”

Response:

WBC published information from NHS England, particularly in relation to the vaccination programme, as soon as it was available. WBC will continue to support partners through the timely sharing of relevant information through communication channels.

Recommendation detail d): “That residents are told if there is no additional or new information in relation to services, treatments, as silence increases anxiety and the spread of misinformation”

Response:

The WBC communications team, and services directly, worked hard to keep residents and service users informed about the status of services throughout the pandemic. As well as direct communication by service areas themselves, the website was updated to include a distinct area for Covid-related service information and was regularly updated throughout the pandemic. Updates were also provided via social media (organic and paid), newsletters, press releases, information via town and parish councils, voluntary/community groups, businesses directly as well as business forums, schools, councillors, MPs, webinars, Facebook Lives, videos, Instagram take over, and in regular briefings with the primary local newspaper.

Recommendation 4 – Tangible positive action is taken to show that Carers are truly valued and will be looked after

Recommendation detail a): “H&WB undertake pandemic planning and learning as it relates to Carers (unpaid) and those being looked after. This to include where a service is suspended, so that the contingencies necessary to offer mitigation & support are put in place and actively monitored for effectiveness while the service remains suspended. This should be co-produced with Carer groups & relevant voluntary services, so the consequences of service suspension are fully recognised”

Response:

Throughout the pandemic, ASC worked with people to ensure that care and support needs were being met and this included consideration of the impact on carers. The closure/subsequent partial reopening of day services had a very significant impact on the support available to carers. Additionally, care homes were unable to offer respite in the usual way. ASC teams sought to find alternative options where available and to factor in considerations of risk and impact into the access to services. This included developing an outreach model from WBC Resource Centres. All of this work included direct consultation with service users/carers and provider services.

Recommendation detail b): “Additionally, the H&WB oversees the setup of a help/crisis number with partners for rapid response assistance for Carers, similar to the NHS Rapid Response & Treatment Team, to avoid ‘carer crisis’. This could be working in co-ordination with the revised Community Hub, ASC, Community Health Teams”

Response:

The HWB is a strategic partnership, rather than an operational or decision-making body. As such, it does not commission or manage services directly.

A Carers Hub is commissioned (by ASC, Reading BC and BWCCG) on a Berkshire West basis, alongside other commissioned activities such as a sitting service/emergency respite, etc. The helpline is available during office hours so further investment would be needed to expand the service. Commissioning for Carers is undertaken jointly with health partners. Social Care services also commission an out of hours service for all scenarios and carer crisis can be managed in that way.

Recommendation detail c): “The H&WB launch a new ‘Carers Charter’ and a joint WBC, BWCCG, TuVida*, ‘Carers Card’. This card to recognise the carer role and be coded for ALL systems, no matter who is in touch with the carer & the cared for. Application for this card to be by either the carer or cared for, across all services, such as GPs, Hospitals or WBC Social Care, to ensure no Carers are ‘lost’. To encourage carer registration the card could offer new, ‘meaningful’ benefits, e.g., Council tax reduction, discounted prescriptions, eye tests, reduced travel costs & NHS parking”

Response:

Offering reduced Council Tax to carers is not being considered. However, WBC is currently revising its foster carer ‘offer’ to appropriately recognise and reward the skill and expertise of carers. Additional incentives and rewards may be required in future, although the nature of these has yet to be determined.

ASC does record carers who approach us for support. This is a relatively small subset of the total carer population. There is a longstanding effort to support carer self-identification and this recommendation would support that but the funding implications are likely to be very significant. ASC has a Carers Lead who chairs a well-established Carers Strategy Action Group - a multi-agency partnership committed to improving the experience of carers in line with the Carers Strategy.

Recommendation 5 - Mental Health support is faster, more universally offered and less reliant on a ‘medicalised’ only pathway

Recommendation detail a): “The H&WB, BWCCG, BHFT, Primary Care Networks (PCNs), Mental Health Action Group (MHAG) with support from the BOB ICS, increase the speed of the rollout of Mental Health specialists/support in primary care settings e.g., PCNs following that mandated nationally & piloted in East Berkshire CCG”

Response:

The HWB is unable to action this directly. BWCCG would be best-placed to provide a response to this recommendation.

Recommendation detail b): “BWCCG, WBC, H&WB work with significant partners e.g., Health Education England (HEE) and the Thames Valley Berkshire Local Enterprise Partnership (TVBLEP) to recruit and retrain many of the people whose jobs have disappeared in new roles such as Mental Health (MH) social prescribers who can refer to community groups or refer back to clinicians. For example, people in public facing careers, such as hospitality, retail etc, could be retrained cost effectively (because they already have significant appropriate skills) to provide initial patient facing Mental Health triage support at primary care or alongside ASC Community Mental Health Team”

Response:

The reference to ‘ASC Community Mental Health Team’ is a misnomer - the Community Mental Health Team in West Berkshire is run by Berkshire Healthcare Foundation Trust and is not an ASC Service. ASC does have a Specialist Mental Health Team which is made up of Approved Mental Health Practitioners. This is a specialist role requiring formal professional qualifications.

Retraining may be suitable for roles in ASC's Locality Teams, which are open to training candidates who apply through the recruitment process.

Recommendation detail c): "Ensure the voluntary sector has sufficient support, training, funding to help take on lower-level MH issues, or as people recover from more serious MH issues. To be effective it has though, to be easy to find or be referred to e.g., from Community Hub, Parish Councils, VS, family and friends"

Response:

WBC, working in partnership with Greenham Common Trust, has created a new 'Surviving to Thriving Mental Health Fund' that could provide opportunities for the voluntary sector to provide low level mental health support. There might further opportunities for this to happen via the new BWCCG Community Mental Health Offer.

Recommendation 6 - Phlebotomy Services be radically transformed

Recommendation detail a): "The H&WB/HEE/NHS England/General Pharmaceutical Council consider supporting additional Phlebotomy/vaccination training courses for those existing key staff to develop additional skills. This would enable a 'bank' of specifically skilled staff set up on which to draw in case of staff shortages or to improve waiting lists"

Response:

As stated previously, the HWB is a strategic partnership, rather than an operational or decision-making body. As such, it does not fund, commission or manage services directly. This would be a matter for NHS England to review.

Recommendation detail b): "The 'lottery' on availability of blood tests between secondary care provided services and GP provided services needs addressing, so ALL patients have equal timely access. Payment disparities in where services are provided may also be a driver & should be looked at urgently"

Response:

The HWB is unable to action this directly. BWCCG would be best-placed to provide a response to this recommendation.

Recommendation detail c): "HEE/NHS England/General Pharmaceutical Council cooperate to develop the training of staff in pharmacies nationally to be able to also offer phlebotomy services. Pharmacies already have experience of vaccinations & using tracked medical courier services for testing, refrigeration facilities on site, etc"

Response:

This would be a matter for NHS England to review.

Recommendation 7 - NHS Dental services undergo a total national route and branch re-design

Recommendation detail a): "NHS England considers a total national route and branch redesign of NHS Dental services and creation of a new service The National Health Dental Service, rather than the current NHS Dental services as an arm of an unaccountable centralised NHS specialist commissioning team"

Response:

This would be a matter for NHS England to review.

Recommendation detail b): “H&WB requests NHS Dental commissioning for the South East to attend a special meeting to discuss future dentistry/community dentistry services, both in the short and medium term, with patient and voluntary sector involvement”

Response:

This matter could be considered by WBC’s new Health Scrutiny Committee, since they have powers to require attendance by senior managers from NHS services. From conversations with colleagues in other local authorities, it is clear that this is an issue that affects an area much wider than just West Berkshire.

Recommendation 8 - Identifying the vulnerable and mitigating embedded inequalities

Recommendation detail a): “DHSC/WBC and the H&WB introduce a greater flexibility and more holistic approach to assessing individuals and/or groups in offering support or care e.g. ethnically diverse, LD, rough sleepers/socially isolated/new mums/disabled”

Response:

ASC does take a holistic approach to assessing the needs of individuals in line with the Care Act (and other relevant legislation). Support is offered in line with that assessment process, whether to take a preventative action/help to manage a crisis or to provide long-term support in order to meet eligible needs.

Recommendation detail b): “The Ethnically Diverse Community should be treated in the same manner as other high-risk groups with special emphasis on accessibility to care, translated information, cultural sensitivities, and other reasonable adjustments”

Response:

The principle is agreed but there is a limited level of detail in the Report and so additional detail would be welcomed regarding instances where it is argued that ASC services were not accessible to people because of their ethnicity.

WBC has recently commissioned a new Diverse Ethnic Communities Advocacy Service with the aim to advocate the needs to the ethnic minorities. It is recognised that ethnic diverse communities have been disproportionately impacted by the pandemic and WBC is keen to work with partners to address inequalities, including the proposal of a new Health Inequalities Task Force that will provide a co-ordinated approach to tackling health inequalities across the district.

Recommendation detail c): “Those in supported living, sheltered accommodation, hostels, shared lives should all have been included without thought into the ‘vulnerable grouping’ as their life expectancies and general health is so much poorer than the general population. Population Health Management should assist with this, but many barriers to help are currently in place due to poor ‘categorisation’ and the failure to look at the person/cohorts holistically”

Response:

Support/funding and vaccination were appropriately targeted at care homes for the elderly as this was the most vulnerable cohort.

Recommendation 9 - Staff wellbeing in all Health and Care settings to be risked assessed

Recommendation detail a): “The H&WB oversees an audit of all frontline staff to risk assess if there is a need for additional help, counselling or leave from work. Senior System Organisations urgently consider retraining other staff/ex-staff/volunteers to offer short term respite or stepped down help for patients to give the staff some short-term respite. The Emotional Health Academy model

successfully uses part qualified students to fulfil a vital role, and finding a short-term cohort could ensure the NHS/Social Care does not collapse due to huge increases in staff absence or those deciding to leave the profession altogether due to the sustained pressure of the extended pandemic going on for so long”

Response:

The HWB is a strategic partnership with a limited remit that is defined within legislation. Any audit of frontline staff would be an operational matter for individual organisations to progress.

Robust business continuity actions were put in place by WBC and this included monitoring the impacts on staffing levels. In ASC, staff were redeployed to support those areas with the greatest challenge. There was also a national offer for people to return to social care where they wished but in practice this did not yield any local benefit. An improved support offer has also been communicated with ASC staff. Sickness absence in the ASC staff team has not been higher than in previous years.

Recommendation detail b): “Staff get an increased holiday period post pandemic for one year e.g. 28 days holiday to 30 as a ‘Thank you’ & an additional small break.”

Response:

WBC offered all staff Christmas Eve as an additional day's leave in recognition of their efforts during the Covid pandemic.

Recommendation 10 - Testing needs to be patient centred not system centred

Recommendation detail a): “All, and any testing systems need to be able to communicate with local NHS systems fully and easily to smooth the patient journey often for the frailest”

Response:

This matter is best addressed at a national level.

Recommendation detail b): “Testing capacity should be flexible and be able to accommodate patients needing tests for outpatient appointments in good time. Tests should always be undertaken for those being discharged back home or into care homes ensuring that tests are always done & the results known to all who need to know”

Response:

This matter is best addressed at a national level.

Recommendation 11 – Appropriate Patient Access to Care, avoiding digital exclusion

Recommendation detail a): “BWCCG and Primary/Secondary Care settings review if/how their systems allow the most appropriate appointment method to be always offered to each patient. Some patients find the use of technology intimidating and they may not be comfortable or able to use it and may be only able to have access face-to-face. It is vital this should include home visits for housebound patients and those shielding or fearful of visiting the practice”

Response:

BWCCG would be best-placed to provide a response to this recommendation.

Recommendation detail b): “Additionally, offering an appointment option with the most appropriate member of the practice rather than only the GP e.g., Physio, Practice Nurse, Pharmacist, Paramedic should be seen as the norm and all ‘comms’ should reflect this new model

nationally - not 'Go & see your GP' for every campaign. Language choices matter, creating demand surges that cannot be reasonably met should always be considered by national bodies"

Response:

BWCCG would be best-placed to provide a response to this recommendation.

Recommendation detail c): "Ensure patient records have the preferred method for contacting the patient recorded for each record across all systems using 'Connected Care' fully and that this is routinely checked/updated at appointments, medication reviews or re-ordering of prescriptions by whatever department, whether health or social care. This should be monitored by the PPG's and local Healthwatch with assistance from key systems organisations"

Response:

BWCCG would be best-placed to provide a response to this recommendation.

Recommendation 12 – Barriers to accessing appointments and fear of infection

Recommendation detail a): "NHS England commissions local Healthwatch across England to investigate with the public why so many did not seek healthcare for non-COVID-related issues and review other pre-Covid non-attendance issues e.g., "did not attend" (DNA) especially for outpatient appointments. This would help to understand what would improve attendance going forward & reduce wastage of vital healthcare resources"

Response:

This would be a matter for NHS England to review.

Both the HWB and ASC are listed as owners for this recommendation, but neither features in the detail.

Recommendation detail b): "The H&WB oversee GPs/Primary Care Networks (PCNs), Hospitals and Secondary Care settings revisiting their appointment invitation letters/texts to patients and use Patient Participation Groups (PPGs)/the Public/EDCs to feed back on their readability/tone. West Berks Patient Panel/Patient Leaders to discuss, action and feed back to the H&WB their findings within 12 months"

Response:

The HWB does not oversee GPs, Primary Care Networks, Hospitals or secondary care settings. This recommendation would be a matter for those individual organisations.

ASC is listed as an owner for this recommendation, but it does not feature in the detail.

Recommendation 13 - Amend the Health & Social Care estates accessed by the public, to be fit for purpose during any future pandemic or similar crisis

Recommendation detail a): "BOB ICS/BWCCG/PCNs ensure GP Surgeries, Secondary Care, Community Mental Health/Social Care consider how in the short-term they can put in place spaced seating for those who need them, coverings from the elements if outside e.g. covered walkways, 'pop-up' gazebos. WBC Planning Team assist or suspend planning rules short term, as happens with emergency services, telecommunications masts, road works etc"

Response:

Many care homes have put these arrangements in place for visitors. Very few service users attend council offices.

WBC cannot suspend planning rules unless required to do so by legislation or directed to do so by the Government.

Recommendation detail b): “H&WB/BWCCG/BOB ICS/WBC ensure surgeries/secondary care/social care/Community Mental Health buildings introduce Pandemic Enabled Design (PED) to all existing and ANY new building. This to include an audit of the existing estate with consultation from experts from Infection Control, Public Health, transport, planning, Patient Panel Groups (PPGs), Community Groups, Parish/Town Councils/disability groups/local Healthwatch”

Response:

Pandemic Enabled Design will cost money and will vary enormously depending on the requirements of each site, and in some cases might make the development unviable. The Local Planning Authority has to determine applications in line with local and national policy based on evidence submitted by the applicant. Therefore the LPA cannot "ensure" what has been requested.

Recommendation detail c): “PPGs, user groups with local Healthwatch report back to the H&WBB/BOB ICS/BWCCG on progress”

Response:

The HWB values patient feedback.

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