

Notice of Meeting

Health Scrutiny Committee

Tuesday 10 December 2024 at 1.30 pm
in the Council Chamber, Council Offices,
Market Street, Newbury

This meeting can be streamed live here:

<https://westberks.gov.uk/hsclive>

Date of despatch of Agenda: Monday 2 December 2024

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Vicky Phoenix on 07500 679060

e-mail: vicky.phoenix1@westberks.gov.uk

Further information and Minutes are also available on the Council's website at

www.westberks.gov.uk



Agenda - Health Scrutiny Committee to be held on Tuesday 10 December 2024 (continued)

To: Councillors Martha Vickers (Chairman), Jane Langford (Vice-Chairman), Nick Carter, Owen Jeffery and Stephanie Steevenson

Substitutes: Councillors Billy Drummond, Paul Kander, Alan Macro and Biyi Oloko

Agenda

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Agenda - Health Scrutiny Committee to be held on Tuesday 10 December 2024 (continued)

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| 8 | Access to GP Services
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| 9 | Healthwatch Update
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| 11 | Health Scrutiny Committee Work Programme
Purpose: To receive new items and agree and prioritise the work programme for the remainder of the municipal year. | 61 - 62 |

Sarah Clarke.

Sarah Clarke
Service Director (Strategy and Governance)

If you require this information in a different format or translation, please contact Vicky Phoenix on telephone 07500 679060.



West Berkshire
C O U N C I L

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Agenda Item 1

Health Scrutiny Committee – 10 December 2024

Item 1 – Apologies

Verbal Item

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DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD ON MONDAY 23 SEPTEMBER 2024

Councillors Present: Martha Vickers (Chairman), Jane Langford (Vice-Chairman), Nick Carter, Owen Jeffery and Stephanie Steevenson

Also Present: Paul Coe (Executive Director – Adult Social Care), Rachel Johnson (Senior Programme Officer), Vicky Phoenix (Principal Policy Officer - Scrutiny), Gordon Oliver (Principal Policy Officer), Helen Clark (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Matt Pearce (Director of Public Health for Reading and West Berkshire), Steven Bow (Consultant in Public Health), Adrian Barker (Mental Health Action Group Chair), Colin Edwards (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Garyfallia Fountoulaki (Berkshire Healthcare NHS Foundation Trust) and Sue McLaughlin (Berkshire Healthcare NHS Foundation Trust), Jamie Evans (Area Director, Healthwatch West Berkshire)

Apologies for inability to attend the meeting: AnnMarie Dodds (Executive Director - (People) Children's Services), Fiona Worby (Lead Officer, Healthwatch) and Councillor Heather Codling

PART I

1 Minutes

The Minutes of the meeting held on 11 June 2024 were approved as a true and correct record and signed by the Chairman.

2 Actions from the previous Minutes

Members were asked to note the outstanding actions which were in progress.

3 Declarations of Interest

There were no declarations of interest received.

4 Petitions

There were no petitions received at the meeting.

5 Adult Mental Health

Rachel Johnson (Senior Programme Officer, Public Health and Wellbeing) presented the report on Public Mental Health in West Berkshire (Agenda Item 6). During the presentation the following points were highlighted:

- It was noted that everyone had mental health, and the Public Health role was not only regarding ill health, but also about people looking after their own mental health, how to improve it and prevent mental illness.
- Rachel Johnson shared with the Committee a number of examples of initiatives relating to improving mental health. These included: a guide to local mental wellbeing services, wellbeing bags in libraries and the Five Ways to Wellbeing approach. A number of leaflets were shared in relation to these initiatives which were included in the minutes.

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- It was advised that there were a number of national campaigns including Mental Health awareness week, world mental health day and Every Mind Matters. NHS campaigns were also promoted by the Public Health team.
- Many areas of West Berkshire Council were also involved in improving public mental health and these included the family hubs, leisure centres, green spaces, and the museum.

The mental health leaflets shared by Rachel Johnson were reviewed by Members who raised questions regarding the accessibility of the leaflets for members of the public as well as how they were shared with parish councils and councillors. It was noted that the z-card format (information sheet folded to credit card size) was useful but incurred an additional cost to produce. It was advised that the information in the leaflets were on the West Berkshire Council website, taken to events with a public health presence, shared with partner organisations and were on social media.

Action: Rachel Johnson to feedback if leaflets could be made available in reception at Market Street and email the documents to all West Berkshire Council Councillors.

Colin Edwards (Head of Joint Commissioning, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) gave an overview of the report on West Berkshire Community Adult Mental Health (Agenda item 6). Dr Garyfallia Fountoulaki (Clinical Director Community Mental Health Services, Berkshire Healthcare NHS Foundation Trust) then gave an overview of the report on Community Mental Health services (Agenda item 6). Dr Fountoulaki noted the following in addition to the contents of the report:

- The One Team development launched a few months ago and was a new model for Berkshire. This was to ensure all services worked together to reduce transition points which led to delays.
- When discussing context and challenges, it was noted that there were no opportunities to train in West Berkshire and so staff needed to be attracted to this area. There was a national workforce shortage due to the ageing population and demand increasing.
- The MHICS teams were based in GP surgeries and sometimes struggled to find space. Online appointments were offered but were not always appropriate.
- It was noted that West Berkshire was a large area which meant that transport times and access issues made it harder to offer face to face appointments. This was due to both staff travel times and the rural population accessing services centrally located.

Adrian Barker (Chair of the Mental Health Action Group – sub-committee of the Health and Wellbeing Board) highlighted the work of the Mental Health Action Group (MHAG) in supporting the implementation of the Health and Wellbeing Strategy Delivery Plan on adult mental health. Members of the MHAG included Berkshire Healthcare NHS Foundation Trust (BHFT), West Berkshire Council and voluntary organisations. It was a whole system approach including services supporting mental health as well as the wider perspective and all that impacted on mental health. The MHAG were working through the Delivery Plan which was agreed two to three years ago. It was due to be revised shortly to look at new ways of delivering elements of the Health and Wellbeing Strategy.

Adrian Barker noted there were two key areas to look at. The first area was partnership. It was highlighted that both the One Team approach by BHFT and the MHICS service involved a wide range of stakeholders. The MHAG had also been involved with the BOB ICB Place Board for Berkshire West. However, it was noted that to be successful in

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Mental health across the whole system, active commitment and buy in from all the players was needed to support the strategy. A conversation with BHFT and their involvement with the MHAG were needed. It was noted this was a constant challenge for everybody. Secondly the wider approach needed to be considered. It needed to be more about the big picture of where they were trying to get to in five to ten years and how the various pieces fitted together and were leading towards change.

Action: Adrian Barker and representative from BHFT to discuss partnership working and the MHAG.

It was advised that part of the Public Health budget was allocated for public mental health initiatives. A new mental health fund with Greenham Trust was due to be launched soon to provide funding for voluntary sector organisations to bid for funding to support peoples' mental health.

Matt Pearce (Director of Public Health) added that public health funding was essential to focus upstream to tackle the causes of mental ill health. However, focussing on maximising the levers we had in all our different organisations, agencies and communities was key. Poor mental health was very complex for instance due to poor housing, unemployment or trauma in childhood. It was not always about money but about how people were supported with good mental health across the whole of their life course. Matt Pearce agreed that the whole system approach was essential. Mental health was embedded in all that we did and so focus needed to be on how to lever opportunities across partner agencies and communities to maximise how best to improve peoples' wellbeing.

It was noted that in West Berkshire, the under 75 excess mortality rate in adults with serious mental illness was very high compared to the rate for England. In addition, there was concern related to mental health amongst young people since COVID and about how parents were supported more generally.

Dr Fountoulaki noted difficulty finding appropriate spaces for meeting with patients, particularly in rural areas. Medical activities could take place at Hillcroft House in Thatcham, or in patient's homes. Some activities could take place in the community such as wellness groups. There were some constraints for the MHICS service in finding space in some GP Practices and so patients may be asked to go to Hillcroft House. This may delay or make access slightly more difficult, but they would always work to meet the patients needs. There was work ongoing to highlight the benefits of the MHICS service within primary care and embedding it in surgeries.

Clarification was given around the One Team development. It was confirmed that the model did not involve large changes to teams, but some leadership and boundaries of teams were reconsidered. This was to bring together teams so that decisions were made jointly. High quality initial assessments were made by senior members of staff to avoid referring people between teams.

Finance and mental health was highlighted in terms of difficulties accessing benefits. It was noted that a report into financial problems and mental health wen to the Health and Wellbeing Board in 2023. This involved a number of stakeholders. There was no one answer, but a number of recommendations were made. There was a workshop recently involving Citizens Advice Bureau and the Department for Work and Pensions. It was noted that benefits applications could be complicated and took time due to the number of checks and processes needed. BHFT also provided opportunities to work with people on other things such as housing.

RESOLVED to note the reports.

6 Suicide Prevention

Steven Bow (Public Health Consultant) presented an overview of the report on Suicide Prevention Activities in West Berkshire (Agenda Item 7). During the presentation the following points were added:

- There were around 10 – 11 suicides each year. Audits around suicides in Berkshire took place which looked at the personal and social circumstances of each death.
- There was a pan Berkshire suicide prevention strategy, under which a local suicide prevention plan was being developed for West Berkshire. Steven Bow asked for comments from the Committee in relation to this development.

Dr Sue McLaughlin (Lead for Suicide Prevention, Berkshire Healthcare NHS Foundation Trust (BHFT)) gave an overview of the report on the suicide prevention strategy at BHFT. A new carer panel had just been launched so if a carer had a concern, they could speak to an independent panel. This was developed in response to feedback from serious incidents.

During the discussion it was noted that a national survey had found that the public were now more concerned about mental health than cancer or obesity. The importance of suicide prevention first aid was highlighted. It was confirmed that the local suicide prevention first aid provision was run through the Volunteer Centre West Berkshire. West Berkshire Council were assisting and there was a plan to deliver the training in education / school settings. It was noted that mental health support was particularly important in schools. The BOB ICB, who commissioned mental health support services, were reviewing the role of mental health support teams in schools such as emotional health academies and looking to improve coverage of those teams. They were also focussing the whole school approach to mental health by promoting mental health and wellbeing across the whole student population.

Debt and mental health were discussed, noting that it was not only the stigma of debt that affected mental health. Being in debt and other financial concerns could affect mental health. It was highlighted that some people in debt did not seek help for debt due to embarrassment or feeling judged by others.

Specific support for people bereaved by suicide was discussed as tailored specialist support was required. There was a need to rapidly make contact with bereaved family members. This was facilitated through referrals from the police and by the real time surveillance system.

It was noted there was a rapid increase in hospital admissions due to self-harm in West Berkshire from 2014/15 and a question was raised as to whether this was a trend, due to low relative numbers or due to changes in coding. It was noted that this should be looked into further.

Action: Steven Bow to explore the data relating to the self-harm rates of young people in West Berkshire and share an overview with Members of the Health Scrutiny Committee.

It was recommended by Members that considering initiatives to support parents was important. As well as managing the impact from future pandemics.

It was asked how the impact of social media had impacted the suicide prevention strategy. It was confirmed that this was not currently strongly featured. Online safety, social media and technology were in the national prevention plan and so this could be looked at in the West Berkshire Action Plan. It was highlighted by BHFT that clinicians were educated to support people with what they did online.

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Members considered how local groups could be used to communicate and raise awareness locally. The importance of parish councils in communicating with the public as well as informing councillors. Voluntary organisations such as Berkshire Youth were also important. Churches were highlighted as having local facilities and networks to help people. It was noted that facilities varied depending on villages, but many rural areas had active community groups. It was agreed a formal response to the report by Public Health on Suicide Prevention from the Health Scrutiny Committee would be made.

Action: The Health Scrutiny Committee to responds to paragraph 6.2 in the report on suicide prevention.

RESOLVED to note the reports.

7 **Update from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board**

Helen Clark (Deputy Place Director, Berkshire West) gave an overview of the report on the activities of the BOB ICB (Agenda item 8). It was noted that further information regarding winter planning would be shared shortly and that the report provided an overview. The Place-based winter plan would be put together as part of the BOB-wide winter plan. There was focus on winter vaccinations. The plan was at an early stage but would include working with Public Health on falls prevention.

Helen Clark highlighted that the Additional Roles Reimbursement Scheme (ARRS) had been implemented across all four Primary Care Networks within West Berkshire. 95.74 full time equivalent staff had been funded through this route. Three of the Four Primary Care Networks had spent all of their allocated budget. There was one with a slight underspend which was being looked into. There was no standard model for the exact triage pathway and skill mix, and so some GP practices may have worked differently.

The BOB ICB were working with Primary Care Networks to gather data on patient feedback. This was picked up in the Primary Care Strategy to focus on engagement and the ARRS. Healthwatch had recently carried out some work on GP access and the report was currently being written.

RESOLVED to note the report.

8 **Healthwatch Update**

Jamie Evans (Area Director, Healthwatch West Berkshire) presented the report on the work plan for 2024/25 and other activities carried out by Healthwatch West Berkshire. This report was shown within the Minutes.

It was advised that the GP Access project report would be published the following week. This would be on the Healthwatch website and promoted on social media.

It was advised that the Women's Health Hub would be running in a couple of surgeries rather than as planned across Berkshire West. Healthwatch would be carrying out engagement work in relation to this.

Jamie Evans advised the Committee that there was work ongoing to drive the Healthwatch strategy forward. As part of that enter and view capacity would be expanded following a volunteer recruitment campaign. There would be a regular programme of enter and view which currently could not be delivered due to capacity constraints. Currently they had 2 volunteers.

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It was advised that Healthwatch supported people with specific health service complaints through advising on the process and signposting.

RESOLVED to note the report.

9 Appointment of Task Groups

The Chairman noted the Terms of Reference for the Task Group for Children’s Mental Health and Emotional Wellbeing.

The Terms of Reference were approved. Cllr Vickers, Cllr Jeffery and Cllr Steevenson expressed interest on working on this Task Group.

10 Health Scrutiny Committee Work Programme

The Chairman invited Members to review the work programme. It was noted that GP access was on the agenda at the Health Scrutiny Committee in December 2024.

The importance of Health in All Policies and prevention was noted as being crucial. It was confirmed that this item was on the work programme.

RESOLVED to note the work programme.

(The meeting commenced at 10.02 am and closed at 12.40 pm)

CHAIRMAN

Date of Signature

Health Scrutiny Committee – 10 December 2024

Item 3 – Declarations of Interest

Verbal Item

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Item 4 – Petitions

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Agenda Item 5

Health Scrutiny Committee – 10 December 2024

Item 5 – Chairman’s Update

Verbal Item

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Agenda Item 6

Proposed Relocation of Eastfield House Surgery to a new purpose-built GP Practice on Land South of Newbury College

Presenters: Dr Emma Featherstone, GP Partner - Eastfield House Surgery

Dr Anne Maloney, GP Partner – Eastfield House Surgery

Dr Mark Galliver, GP Partner – Eastfield House Surgery

Our report aims to present a case for relocating our current GP Practice at 6 St John's Road, Newbury to a newly designed, purpose built surgery, south of Newbury College.

Key factors supporting this move include:

- Overview
- Background & Options Considered
- Engagement Process with patients and other stakeholders including the Clinical Commission Group (CCG) and Integrated Care Board (ICB)
- Outcome of consultation
- Recommendations and mitigations considered in response to the consultation
- Timelines

Overview/Background/Options Considered

Eastfield House Surgery was built 33 years ago to cater for a maximum of 8,000 registered patients and its patient list size is just over 15,500.

The current practice size is 340sqm which is 68% undersized, assessed against NHS space use allowances, and is predicted to increase to 73% undersized by 2033.

Our current practice has significant limitations that hinder its ability to meet patient demand and provide modern efficient healthcare services.

The existing practice was extended in 2012 by a further three consulting rooms and two temporary cabins were installed in the surgery car park in May 2023 for a two year period. However, the practice is still significantly undersized and is limited in consultation rooms, administrative space, patient waiting area, car parking and basic facilities such as staff/meeting room and bathroom facilities.

Regulatory standards for healthcare facilities, particularly around patient safety, accessibility, and infection control, have advanced. The current location does not fully comply with these requirements, posing risks to both patients and staff.

A purpose-built facility would allow for the integration of modern healthcare technology, increased capacity for consultation rooms, and additional services such as mental health support, physiotherapy, and wellness programs. This approach aligns with NHS strategies for delivering more comprehensive, accessible care.

Although relocating would involve initial costs, a purpose-built facility offers long-term savings through improved energy efficiency, lower maintenance needs, and optimised workflows. Further upgrades or extensions to our current site are not possible.

Relocating the practice to a purpose-built surgery is a strategic investment that will support the growing needs of the community, ensure regulatory compliance, and position the practice as a centre for integrated, future-proof healthcare. Approval is recommended to proceed with planning and securing funding for the relocation. Our practice boundary runs from the south of the Kennet & Avon canal, easterly to the Newbury Racecourse Bridge off Hambridge Road, south at Newtown and west to Enborne.

Background & Options Considered

We met with Mat Chilcott, Primary Care Manager (Transformation) in 2018 who instructed a Facet Survey by Oakleaf Group on behalf of the CCG. Our practice was identified in the Berkshire West Primary Care Estate Strategy as a strategically significant site, considering the potential for patient number growth within our practice boundary. Risk and Assurance at that time noted that the practice will not be able to accommodate anticipated patient growth within its boundary. Gravity mapping of known patient growth where patients were likely to register in the next 5 years noted that the practice would be at capacity and occupancy rates of clinical space.

We began our search for potential new sites to relocate Eastfield House and had regular meetings with the CCG. In early 2020 the Covid pandemic became the top priority for both parties and meetings were suspended. In July 2021 we found a third party developer, Assura to help us in our search for a new site within our practice boundary.

Please see **Appendix A** which shows a summary of the 17 different sites that were considered for the relocation of Eastfield House Surgery.

We met with the Principal of Newbury College, Iain Wooloff on 1st September 2021 to discuss the potential relocation of Eastfield House on the land to the south of Newbury College, which was a mutually positive meeting.

In November 2021 we submitted a Project Initiation Document (PID) to the CCG for funding approval. The PID outlined the following areas for our proposed relocation:

1. Stakeholders including BWCCG and West Berkshire Council
2. Scheme Description including current premises significantly undersized, proposal for the purchase and construction of a new primary care facility, predicted growth, PCN support, accessibility, location, interim temporary accommodation.
3. Strategic need within the NHS Long Term Plan, population growth, patient list size per GP above national average and overcrowding working environment for staff.
4. Sustainability and transformation plans
5. Project costs and affordability
6. Procurement
7. Consideration of other options for the practice
8. Risk and Mitigation factors

The CCG approved the PID in principle in November 2021 with instructions for next steps to apply for Planning Permission. It was at this stage that we were introduced to Greenham Trust, who has a charity status and who reinvest any profit back into the community. This presented us with an opportunity to work with a developer who would be able to provide a primary care facility at a much cheaper rate than a commercial developer such as Assura.

The ICB agreed to contribute £40,000 towards the cost of the planning application which was paid to Greenham Trust in November 2023. Greenham Trust have also invested £150,000.00 towards planning costs for the new site. Please see a copy of the letter from the ICB in **Appendix B**.

We have had in excess of 30 premises meetings where there has been at least one representative from the CCG and more latterly the ICB. These include Mat Chilcott (Primary Care Manager (transformation)), Jo Reeves (Newbury Locality Manager), Helen Clark (Associate Director of Primary Care), Peter Redman (Head of Primary Care Estates), Sarah Wise (Senior Primary Care Manager) and Sanjay Deshai (Head of Primary Care Operations).

In addition, Bryan Lyttle from West Berkshire Planning attended our meetings before he left his position at the end of 2022 and Sarah Ball, Planning Team Leader from West Berkshire Council. Laura Farris visited our site in 2021 and a representative from her cabinet attended our regular premises meetings. Our current Local MP, Lee Dillon visited our practice on 21st November and appreciated the difficulties we face with our existing premises and recognised the need for the new site.

Consideration for Operating Over Two Sites

Consideration has been given to whether we would be able to keep the current site at Eastfield House and open another practice nearby.

Please see below some key points as to why this would not be possible:

- The costs of running two surgeries will be more expensive in terms of rent, staffing, maintenance, running costs, security and management. This will have a negative impact on funding for new recruitment of staff and inevitably on the service we can provide.
- Having both clinical and administrative staff on one site provides our patients with increased expertise and access to multidisciplinary services including diagnostic equipment, meaning their problems can be dealt with in one visit.
- Our clinical teams meet daily at 12.30 for a midday huddle to discuss in person, complicated patients, case studies and professional development. This would not be possible with staff spread over two sites.
- We have a team of paramedics, advanced practitioner, pharmacists, nurses, healthcare assistance, pharmacy technician, prescription clerk and a social prescriber, all of whom are specialist in their areas and work closely with the GPs to provide an MDT approach to patient care. Working over two sites will destabilise this holistic approach to our patients care.
- GPs have their own patient list for continuity of care, particularly for more complex patients. This would not be possible with a GP working over two sites. Patients who can only get to one site will find that their access to GP appointments would be significantly reduced.
- Patients and staff moving between two sites will add to traffic congestion.
- Patients will become confused as to what site is offering which treatment.
- The GP Partners at Eastfield House are responsible for the data, governance and clinical safety associated with our site. GP Partners would have to double up on these issues affecting two sites, diverting their attention away from direct clinical care.
- Primary Care IT infrastructure needs investment by NHS England. This does not currently work well across the West Berkshire patch and systems cannot communicate with each other over two sites. This is inefficient, unreliable, frustrating and potentially unsafe.

As the current premises at 6 St John's Road no longer meets the NHS Regulatory standards for healthcare facilities, major work would need to be undertaken to make the site comply with these requirements. For example, consulting rooms do not meet the regulatory size, some rooms have inadequate head height and no ventilation, no natural light, no heating and are inaccessible for wheelchair users.

Patient Engagement & Other Stakeholders

We hold regular Patient Participation Group meetings in our practice every quarter and our premises situation has been discussed since June 2021. The main area of concern is transport links to the new site which we have assured patients will be taken into consideration as part of the planning and development. In addition, planning has been approved for the Sandford Development and Mayfield Point with planned transport links.

We held a Patient Engagement Event at St John's Church on Tuesday 26th March 2024, which was offered as a drop session for our patients. This was advertised via text message to our patients, in the practice waiting area, on our practice Facebook page and website. We gathered patient feedback from this event which showed 85% in favour of us moving to the new College site. Again, the main concern was around transport links.

We also ran an initial online patient survey over a period of two weeks for anyone who was not able to make it to the Patient Engagement Event and displayed the proposed design of the new surgery and a questionnaire in the surgery. The survey is still active on our website along with the proposed design and feedback questionnaires still on display in the surgery.

Of note, during the engagement process we have had to be mindful of Stakeholders within Newbury College and the process they follow with regard to the sale of land for the proposed site, and the need for us to seek their approval to release any press information.

During November we ran our patient annual survey about our service and included details of the proposed relocation site and request feedback at this time. The survey was available online and in the surgery. Please see **Appendix C** for survey results

Recommendations and Mitigations Considered in Response to the Consultation

Travel Implications

The proposed site will be situated next to the new Sandford Development to the east and Mayfield Point to the west. These developments have received planning approval and transport studies undertaken. The proposed new surgery will benefit from the infrastructure that is being put in place as a result of these developments.

Next Steps

On receipt of planning approval, NHS England require us to submit an Outline Business Case to our ICB for the project, who will instruct the District Valuer to make a value for money assessment on the scheme. Following approval of the Outline Business Case, a Full Business Case will be submitted to the ICB for final approval.

We are reminded by the ICB that we are competing with practices in Oxford and Buckinghamshire and that our scheme remains a priority.

Appendix A

Potential Sites Investigated for New Premises from 2018 to date

1. Staples, 1 Greenham Road, Newbury

Assura contacted landlord with a view to buying the whole site, including Halfords and Burger King. Landlord wanted £7m for site which made the project financially not viable.

2. Sovereign Housing, Bartholomew Street, Newbury.

Assura bid on property but was outbid by another agent.

3. Kennet Centre, Newbury town centre.

Plans for surgery too small for our needs. Restricted parking difficult for staff and patients. Allocation of space inadequate.

4. Walt Motor Company, Bartholomew Street

Space inadequate and access issues.

5. Jewsons, Enborne Road

Assura made contact with landowner. Site under offer with housing developer

6. Washwater

Current flood plane. CCG/ICB had issue with site being on the Hampshire/Berkshire border and very edge of our catchment area. Housing developer sold to Bewley Homes.

7. Single dwelling with large plot, off Pinchington Lane

Assura felt site was not big enough alone. Approached Tesco with regard to obtaining border to the east and some share parking for site. Project was not financially viable.

8. Vets4Pets, Greenham Road, Newbury

Site not big enough. No parking

9. York House, Andover Road

Not big enough for surgery but considered for temporary solution for admin staff.

10. Greenham House Gardens, St John's Road

Inadequate space

11. Sutton Land, Enborne Road

Land was being held as son was on trail for murder.

12. Downs Carpets, Hambridge Lane

Assura approached agent. Site financially not viable and no transport links for patients.

13. Kennet Side, Hambridge lane

Too far out of area, no public transport links.

14. Rivar development Greenham and Haysoms Drive, Greenham

Developer plans for housing. Access issues for a new surgery.

15. David Wilson Greenham, Greenham

Developer did not want to sale.

16. Newbury Racecourse, Newbury

Site being used for building material storage and rest of site still under construction. Developer not interested in selling. Site on outer boundary.

17. Land south of Newbury College

Suitable site within our catchment area. Sale of land agreed by the college with room to expand in the future if required. Transport links in place. Affordable as working with charitable organisation who are invested in working with the local population with any profit invested back into the community.

Appendix B

Letter from Julie Dandridge, Head of Primary Care Infrastructure



**Buckinghamshire,
Oxfordshire and Berkshire West**
Integrated Care Board

Second Floor
Sandford Gate
East Point Business Park
Oxford OX4 6LB

Telephone: 01865 336800
Email: peter.redman@nhs.net

Date: 15/05/2023

Anne Maloney, Emma Featherstone
Eastfield House Surgery,
6 St John's Road
Newbury RG14 7LW

By email to:
amaloney@nhs.net
emma.featherstone@nhs.net

Eastfield House Surgery (The Practice) – ICB part-reimbursement of planning application costs for proposed new Primary Care premises

Further to our meeting on 04/05/2023, I write to confirm that the ICB will part – reimburse the Practice up to £40,000 (including VAT) towards the reasonable costs incurred by the Greenham Trust in respect of a planning application for a proposed new GP premises for The Practice on Newbury College land. This is provided:

1. The part-reimbursement is accepted by the Practice and Greenham Trust as not constituting formal support by BOB ICB for the proposed new premises
2. That Greenham Trust's planning application and associated costs are reasonably and properly incurred before being passed to the Practice for part-reimbursement.
3. The planning application is for a proposed development that the ICB/its consultants consider to be of an appropriate size and design.

I would be grateful if you can confirm your acceptance of this letter below.

Yours sincerely

P Redman

Peter Redman MSc MRICS
Senior Programme Manager – Primary Care Estates, BOB ICB

We acknowledge receipt of this letter and agree to its contents.

Signed Signed

Appendix C

Results of Patient Engagement – Thursday 26th March

1 Are you a registered patient with Eastfield House Surgery?

Yes	No
64	2

2 How do you usually travel to the surgery? Please tick ONE box only:

Walk	Cycle	Car	Lift	Public Transport	Private Taxi	Other
34	2	26	1	2		1

3 Thinking about our new premises, how important are the following to you:

	Very Important	Important	Not Important	Don't mind
Good patient parking	34	15	8	8
Proximity to local buses	37	14	11	6
Sustainability of the building	37	27	2	7
Additional diagnostic services	39	19	1	4
Community pharmacy	40	14	3	8
Accessible location	46	11	1	5
Extended opening hours	36	19	6	4

4. Based on the information available to you, do you support the proposal for a new surgery?

Yes	No
56	8

5. Do you feel that we have provided enough information and explanation about the proposal?

Yes	No
47	17

6. If you have any comments on the proposed new building, please feel free to write them below

1	Newbury needs this facility
2	Once built will we be able to see our own GP?
3	Much needed!
4	You state you will provide more GPs. How many WTE?
5	I do worry about the elderly and others who like me, live close to the present surgery. How will they get to the proposed surgery? Taxi's are expensive
6	What extra services are you providing?
7	It is expensive to have ears syringed - are you providing this?

8	You state that there are buses on the route. Are you going to provide leaflets on these routes?
9	I understand you are bursting at the seams but my anxiety is about getting to the new proposed surgery
10	We believe that access (car) off Monks lane is extremely important to avoid excessive doubling back from the swan roundabout
11	Would welcome the larger premises and possibility to employ more staff to cope with growing practice numbers
12	All the proposals are positive, but miss a fundamental point: we need another surgery, not a relocation. Moving to out of town will stop people getting to appointments and drive more car use
13	Main concern is accessibility for those who don't drive
14	Car access is not clear - can we access via college road or do we need to go to the swan roundabout ?
15	Location of Bus Stop and proposed bus schedule from central Newbury
16	Timescale for construction - 3 to 4 years?
17	Cost estimate of project?
18	How many GPs/Nurses and Diagnostic Services?
19	Catchment area of new surgery. How many more patients?
20	Looks wonderful but looks are nothing we need appointments without triage. Triage helps doctors not patients
21	We need a path from bus stop outside the new surgery
22	Need to understand more about access i.e buses
23	Does not address the fundamental problem of recruitment
24	Will not be changing doctors
25	Provision of mini-bus service from St John's road to new surgery will be essential for patients without their own transport otherwise town centre patients will be at a significant disadvantage.
26	Details re sustainability, structure, solar panels, heating, lighting, natural air flow, insulation.
27	Why are we replacing a surgery instead of working with the ICB to build new surgeries? How will this fit with the council's proposed neutral by 2030 policy? Are additional Dr's already in place? Are additional buses going to be run to provide suitable public transit? Which increased services are being offered? Which aren't currently available in West Berks Hospital? Will appointment booking systems be improved to account for those without access to computers/smartphones?
28	Anima system does not work for me, is that likely to change? Will there be more Dr because of the sandford development? Looks good on paper, will it happen in my lifetime?
29	Looks like a really great scheme and long overdue
30	Where will existing medical records be stored? No space!
31	The info is incomplete and not totally correct
32	Need a southbound right turn into copse lane and need transport provision for those without cars and elderly who live in the north of the catchment.
33	Some more information on the timescales for the development would be helpful
34	need more buses
35	Would like to see collected metrics of current travel methods of existing patients - say ask all patients for a month - to have some live data on the proportions travelling, to understand potential impact. Investigate patients local volunteer minibus transport to site for town centre. Access via looping down A339 back up seems ridiculous and will form opposition. Some kind of press release taking the story to date - how many sites have been investigated and rejected/outstanding costs etc. to put proposal in clear perspective. Photos of existing workspace that patients wouldn't necessarily see etc.

36	If its not possible to continue as of now - then yes, expand but I won't be able to walk there and same for many others so imperative plenty of parking and bus supply. If I read information correctly, you are not merging with Falkland Surgery but co-existing? Will there be a lift to first floor? Disabled won't like all the stairs shown. Will there really be enough parking for patients and staff as the surgery looks as if all is expanding - we won't be able to walk there as we do now? Will buses increase? Like the idea of attached pharmacy on site.
37	We understand the issues and are sad that no site was found available nearer the town centre. The new surgery is not accessible out of town, unlike the current surgery - adequate and regular bus services are essential for those without a car for transport.
38	How do we get there if not driving? Even for drivers, will there really be enough parking for patients if the staffing grows to make full use of the facilities? Buses from Western Newbury to the college or Tesco provide a poor service in afternoons and evenings.
39	Only thing we need to ensure is frequent buses and practice patient transport volunteers. The only moan I hear is getting to the surgery! Thanks for your effort - on the PPG.
40	I support this because there is nowhere else we can go, but some people will find it difficult to get to.

Appendix D

Results of Patient Engagement – Eastfield House Surgery from 27th March 2024 onwards

1. Are you a registered patient with Eastfield House Surgery?

Yes	No
46	

2. How do you usually travel to the surgery? Please tick ONE box only:

Walk	Cycle	Car	Lift	Public Transport	Private Taxi	Other
23	2	17		2	1	1

3. Thinking about our new premises, how important are the following to you:

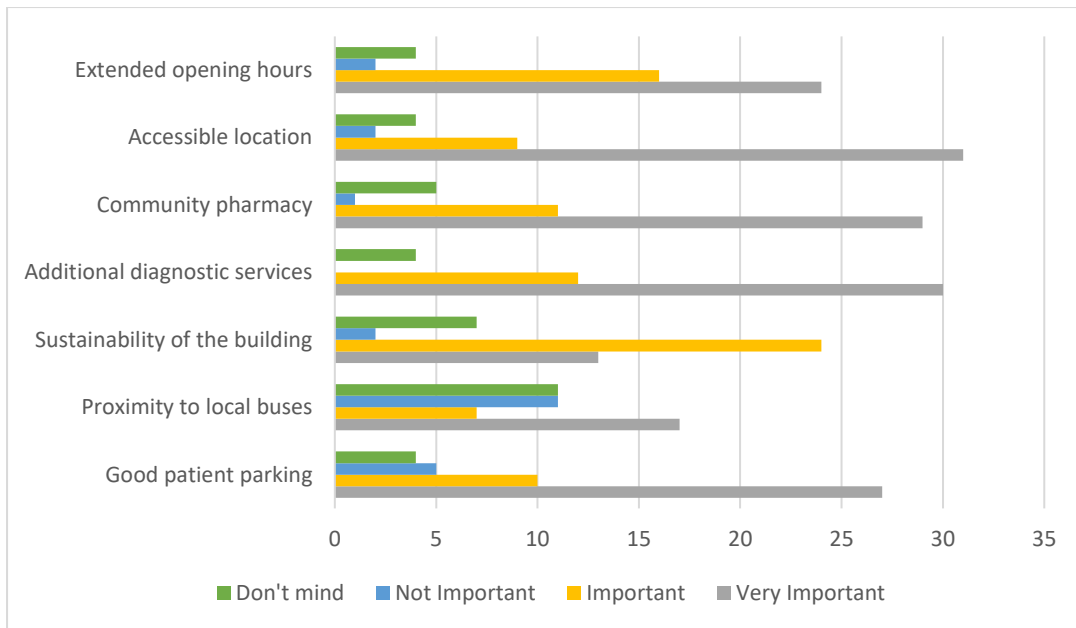
	Very Important	Important	Not Important	Don't mind
Good patient parking	27	10	5	4
Proximity to local buses	17	7	11	11
Sustainability of the building	13	24	2	7
Additional diagnostic services	30	12		4
Community pharmacy	29	11	1	5
Accessible location	31	9	2	4
Extended opening hours	24	16	2	4

4. Based on the information available to you, do you support the proposal for a new surgery?

Yes	No
41	5

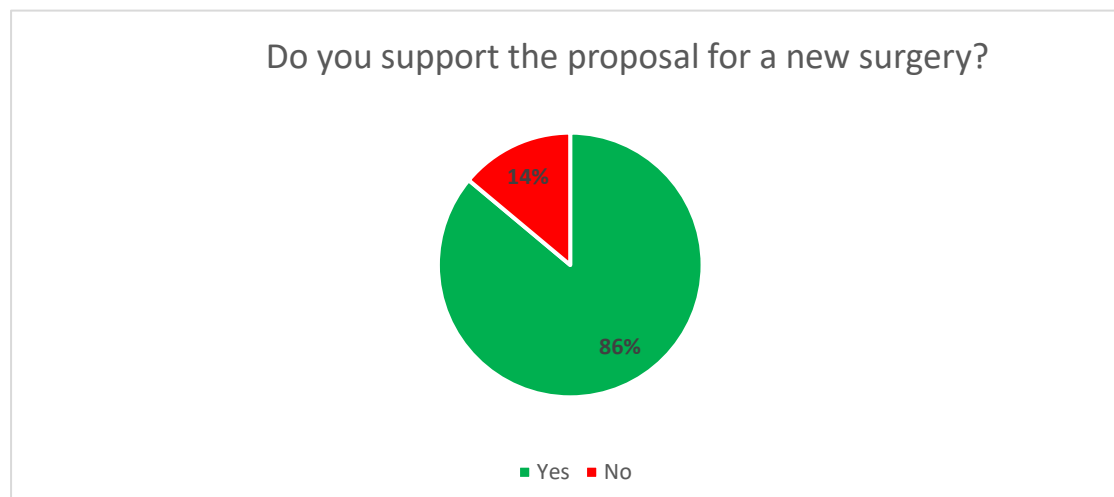
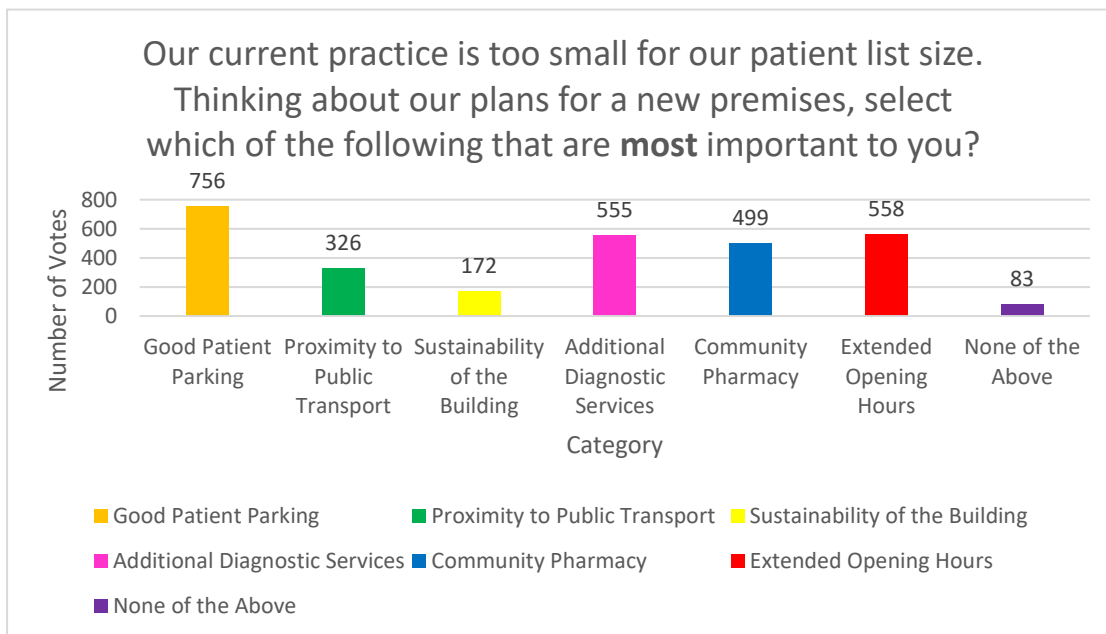
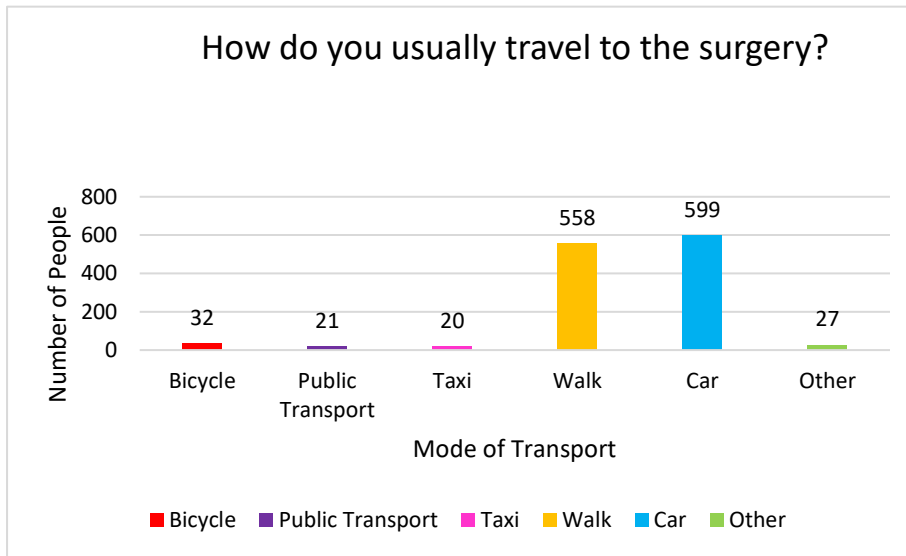
5. Do you feel that we have provided enough information and explanation about the proposal?

Yes	No
44	2



Appendix E

Result of Patient Survey – Combined Written and Online - Ongoing



Paper to West Berkshire Health Overview and Scrutiny Committee

Date of Meeting: 10th December 2024

Agenda item:

Title of Paper: All Age Complex and Continuing Care

Paper is for: (Please ✓)

Discussion

Decision

Information

✓

Purpose and Executive Summary

All Age Complex and Continuing Care (AACCC) is an umbrella term that brings together Continuing Healthcare, (CHC) Children and Young Peoples Continuing Care (CYPCC) and Complex Care.

Since the last update to the health overview and scrutiny committee, the ICB have been through an organisational change process with plans in place to align and bring constancy to the AACCC service under one strategic clinical leadership team, led by a Director of Nursing.

This paper has been developed jointly with Berkshire West Council and sets out the current data and key priorities. With the vision to establish a hub and spoke service delivery model within AACCC, including the proposed governance structure to enable review, improvement and reporting oversight.

Action required

The committee are asked to note the data findings within the report and support the proposed next step.

The committee are asked to comment on the proposed revised governance process and make recommendations any additional reporting mechanisms.

Author: Tracey Brown / Paul Coe

Date of Paper: 28/11/2024

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All-age Complex and Continuing Care (AACCC) Berkshire West Health Scrutiny Committee

December 2024

All Age Complex & Continuing Care Executive Summary

All Age Complex and Continuing Care (AACCC) is an umbrella term that brings together Continuing Healthcare, (CHC) Children and Young Peoples Continuing Care (CYPCC) and Complex Care. The ICB has been through an organisational change process with plans in place to align and bring constancy to the AACCC service under one strategic clinical leadership team, led by a Director of Nursing. This paper sets out the key priorities for each service line and the overall governance to enable review, improvement and reporting oversight.

CHC referral and eligibility.

The data shows that Berkshire West has variation when compared to other systems for referral and eligibility. Further work is planned to review if the variation is warranted or unwarranted. The service is moving to a hub and spoke delivery to provide consistency in decision making across the BOB footprint, working jointly with the local authority and our partner ICB in Frimley for East Berkshire place.

CYPCC consistency in process

The data shows that referral rates have increased year on year, but numbers of cases found eligible remains static, there is a requirement to better understand the unmet health needs for children and young people, a joint pilot pathway is underway with clinical leadership and oversight, with review and evaluation fed into the newly created AACCC Partnership Forums and AACCC Partnership Board.

Complex Care

Further analysis is required to develop process for interim and joint funding for individuals who do not meet the eligibility criteria for CHC or CYPCC, but have unmet health needs, not provided through core NHS service provision. The ICB has within its new operating model established a complex care team who will be responsible for reviewing the care requirements and considering the best commissioning solution for the individual going forward.

Governance

Each place base will have a partnership forum with associated task and finish groups to develop and coproduce local neighbourhood services. Each place-based partnership forum will feed into the ICB Partnership Board chaired by the ICB CEO where progress, risks, issues, escalations and recommendations will be presented for the board to make decisions in relation to the system wide delivery of All Age Complex and Continuing Care.

Continuing Health Care (CHC)



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

Background summary

For many years Berkshire West has been an outlier in relation to CHC eligibility and over the years several audits have been commissioned to understand if the variation is warranted or unwarranted.

In 2022 NHSE funded the LGA to undertake a peer review of all 3 place-based teams within the ICB footprint, feedback relating to West Berkshire included lack of senior leadership oversight, poor experience for families especially around dispute management, a lack of investment in joint training and no pathway or process in place to feedback and improve on practice, with a lack of follow up on issues raised.

In April 2024 NHSE undertook a further deep dive into decision making with both the qualitative and quantitative analysis demonstrating that the ICB decision was appropriate in most cases, however significant weaknesses were identified within the documentation and evidence at individual domain level and within the 4 key characteristics which often lacked sufficient detail and rigor. The audit finding concluded that the ICB cannot assure themselves that any observed variation is warranted, without first reviewing the considerations identified within the recommendations and evidencing improvement in process.

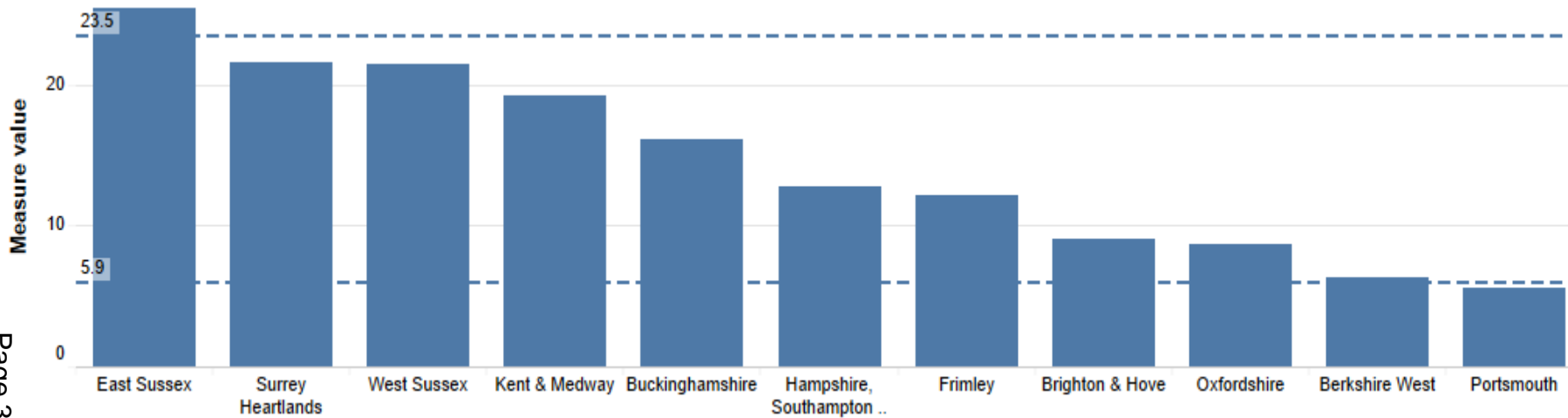
The CHC transformation plan has been delayed by the ICB change process which has meant that any changes to practice have not yet been embedded and at times have led to longstanding disputes between health and social care. We all recognise that this is not good patient or service user experience and are committed as a system to improve this position.

Data analysis on the preceding slides demonstrates that referral activity into the team is lower than the regional average and further work is needed to understand if this is having an adverse impact on eligibility rates.

NHS England are undertaking a further deep dive into unwarranted variation early next year and Berkshire West has been identified as an outlier requiring further review and investigation.

Standard CHC: Regional Data for Q1 2024/25

Number of new referrals for Standard CHC - per 50K Population



- Berkshire West reported a value of **6.3** for new referrals for the first quarter of 2024/25 (just above the 5th percentile for the region). This figure reflects low referral rates per 50K population compared to other organisations in the region.
- Berkshire West reported a value of **9.7** for eligibility at the end of quarter for the first quarter of 2024/25 (below the 5th percentile for the region). This figures reflects lower than expected eligibility per 50K population compared to other organisations in the region.
- Given the nature of these metric, the scores suggests that there could be underlying issues or challenges to new referrals and eligibility rates within the place base.
- A deep dive investigation has been completed in references to these challenges and the findings are being developed into a joint action plan between Health and Social care colleagues.

Number eligible at the end of the quarter for Standard CHC (Snapshot) - per 50K Population



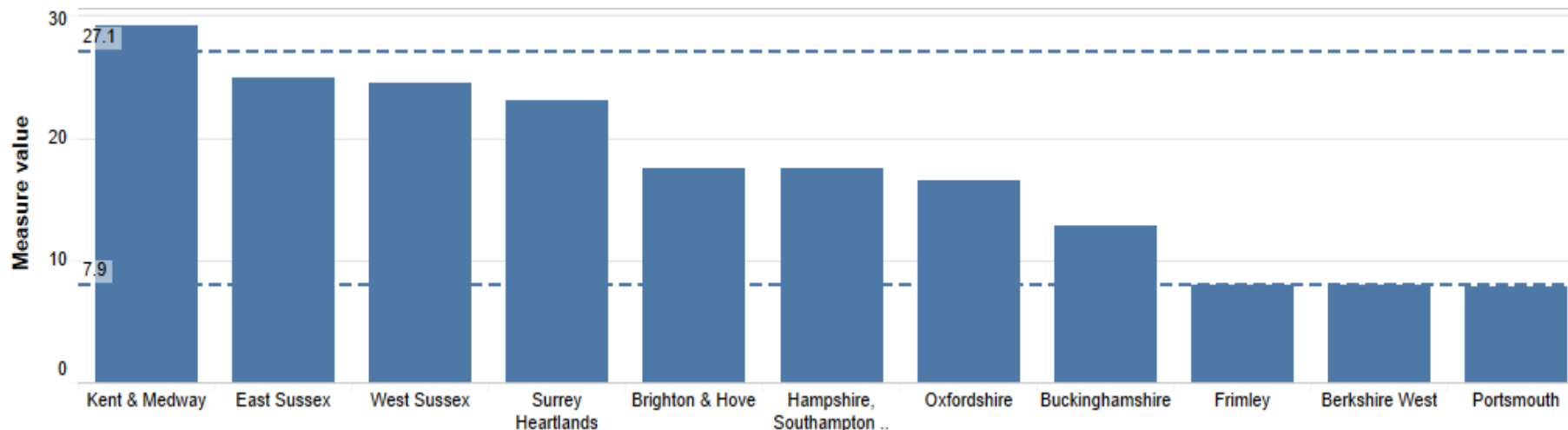
Fast Track: Regional Data for Q1 2024/25

Number of new referrals for Fast Track - per 50K Population



- Berkshire West reported a value of **18.6** for new referrals for the first quarter of 2024/25. This figure reflects a position in line with the average referral rates per 50K population compared to other organisations in the region.
- Berkshire West reported a value of **8.0** for eligibility at the end of quarter for the first quarter of 2024/25 (on par with the 5th percentile). This figures reflects expected eligibility per 50K population compared to other organisations in the region.
- Given the nature of these metrics, it can be considered that the right patients have been referred for Fast Track at the right time within the place base.
- A wider deep dive investigation has been completed in references to referral and eligibility rates and the findings are being developed into a joint action plan between Health and Social care colleagues which will support further understanding of this metric in the medium to long term.

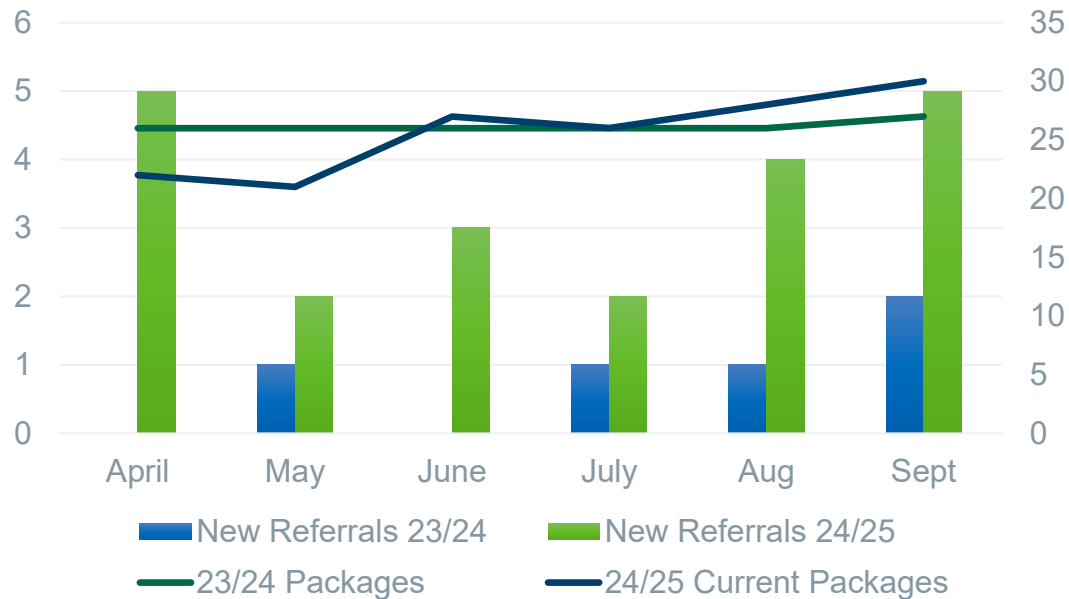
Number eligible at the end of the quarter for Fast Track (Snapshot) - per 50K Population



Children and Young Peoples Continuing Care (CYPCC)

- Like the CHC service the CYPCC delivery across the 3 place bases have different models and applications. The CYPCC framework is not mandated and is seen as a best practice model. The CYPCC framework has not been updated since 2016 and therefore variations in its usage have been implemented. CYPCC is usually a tripartite collaborative approach between health, social care and education and supports children and young people from 0 – 18 years of age.
- Individuals assessed as eligible for CYPCC have their needs met in a collaborative way with parental responsibility remaining key to care delivery. The table below sets out the comparison between number of referrals in 23/24 against referrals in 24/25. Whilst referrals into the service has increased numbers funded through CYPCC have remained static over the two time periods.

Berkshire West CYPCC Activity



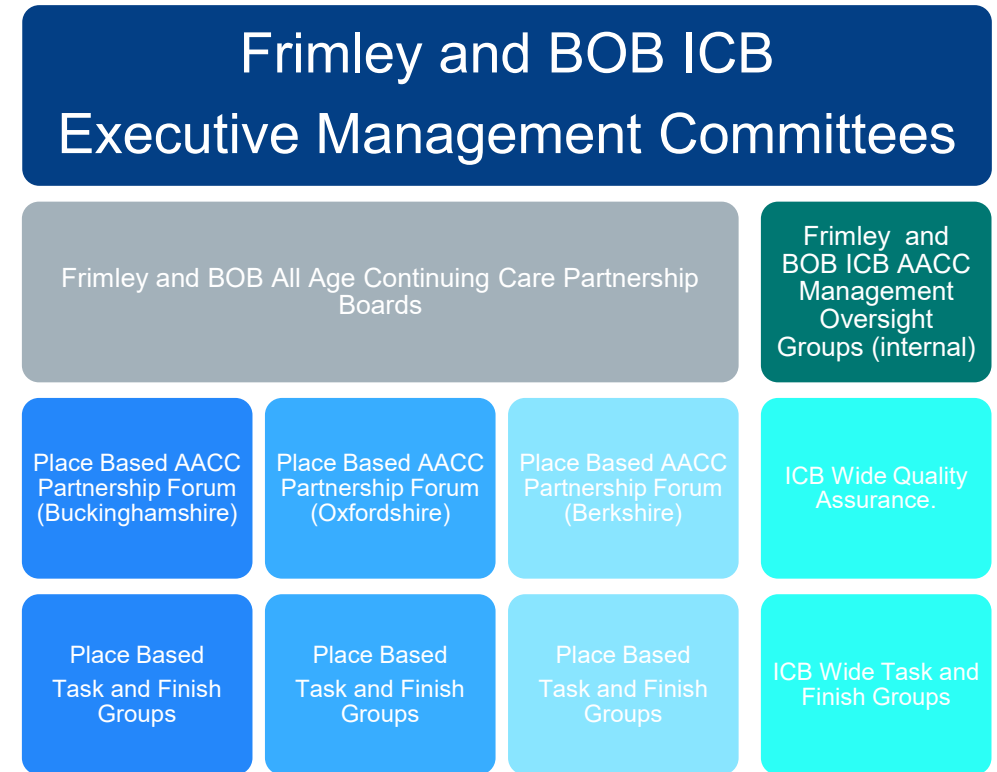
Complex Care

Where an individual is not eligible for CYPCC there is sometimes a requirement for health to fund elements or parts of care that are not met within core NHS service provision and fall outside of the remit of the local authority to fund, a protocol and process is being developed to manage these cases with a CYP pilot taking place in December the pilot will be evaluated and fed through to partnership forum and partnership board.

Next Steps AACCC

Further to the information provided, the ICB recognise that it needs to do more to ensure that those individuals accessing the CHC and CYPCC service have a good and consistent service no matter their referral route. The ICB and LA have therefore jointly committed to the following actions:

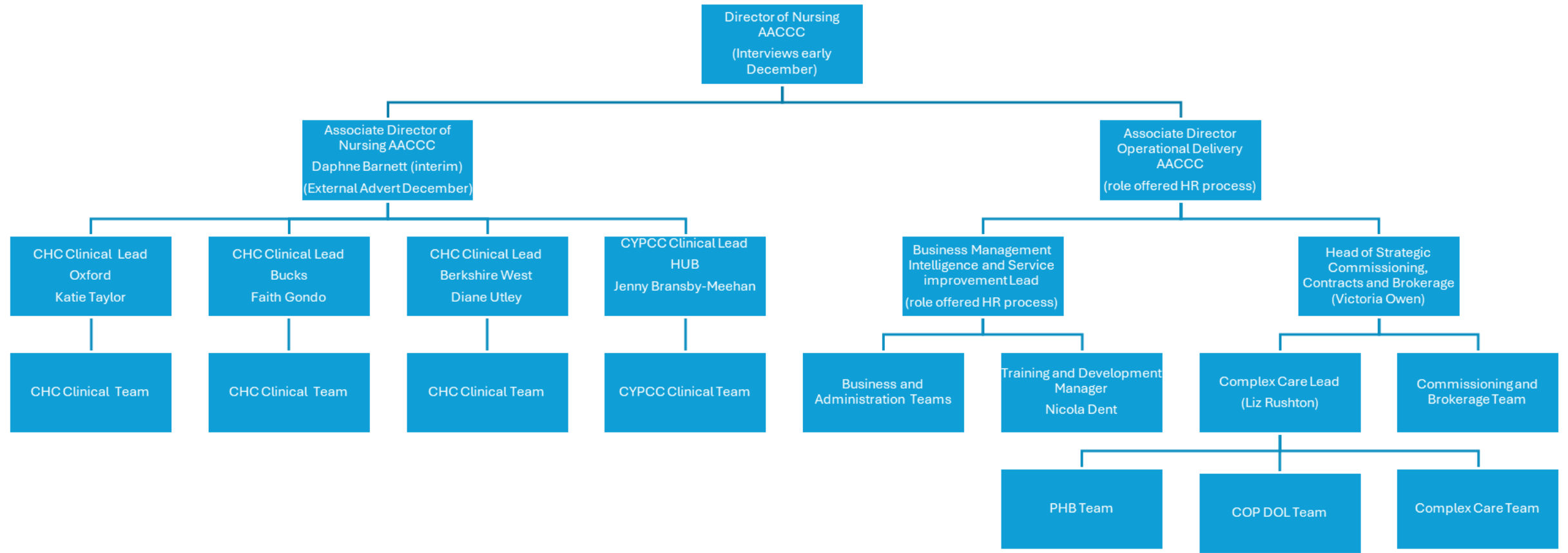
- Executive level oversight and leadership
- Aligning consistency in process across the ICB and with our neighboring ICB in Frimley
- Development of partnership forums and task and finish groups with clear actions and deliverables that feed directly into partnership board chaired by the ICB CEO.
- Establishing a pilot to consider the unmet health needs for children and young people who do not meet the threshold for CYPCC. Taking the evaluation of the pilot back through partnership board.
- Developing a pathways for complex care with clear protocols for decision making, patient review and evaluation.
- Continued working with Beacon advocacy service to improve the experience of individuals accessing CHC services.
- Developing joint training for health and social care teams.
- Implementing the regional disputes policy
- A central “hub” quality assurance verification process to enable peer review check and challenge to decision making working “with regard” to the National Framework.
- Working with NHS England to undertake a further deep dive early next year to consider unwarranted variation.



AACCC Senior Structure



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board





GP Access West Berks

October 2024

healthwatch
West Berkshire

Objectives



Support GP surgeries to improve their communication with the public



Raise public awareness about other pathways for support and increase understanding of the new ways of working



Increase appropriate access to services and reduce complaints

Participants

In West Berks, **132** participants took part in the project:

- **93** through an online survey
 - **39** through various focus groups
-

Participants were diverse and came from different backgrounds. Responses received from varied ethnic, age, gender and disability demographics represent a wide cross-section of the communities surveyed.

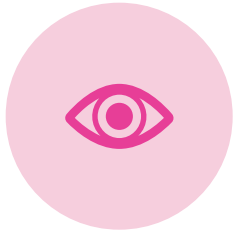
Demographics data is available on request.

Key Findings



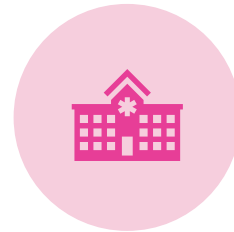
Appointment Access

Many people reported long phone wait times, difficulties booking appointments, significant delays in getting appointments, and not being able to see their preferred GP.



Digital Service Challenge

While tools like the NHS App are designed to simplify access to GP services, many patients, particularly older adults and those without strong digital skills, found it difficult to use.



Care Navigation Confusion

Many people were unaware that care navigators have replaced traditional receptionists. This system, while intended to streamline access, left patients feeling frustrated and unclear about the process.



Communication gaps

Lack of clear communication from surgeries about changes in how GP services operate was a common theme. Many patients felt left in the dark about new systems and how to effectively navigate them.

Some Quotes

Appointment Access

"It's very difficult to get appointment when we are really in need"

Care Navigation Confusion

"I am not always comfortable explaining my problems to the receptionists as sometimes it can be a very personal problem"

Digital Service Challenge

"No-one should be excluded; it shouldn't all be online as it's not inclusive to all"

"More confusing to the older generation"

Communication gaps

"It would be good to be told of these changes by the staff when they happen"

Recommendations



Appointment Access

Surgeries should provide clear, accessible information on how appointments are shared out and alternative options. There should be simple, clear routes to accessing appointments.



Digital Service Challenge

Make opportunities to assess whether a patient can access digital services effectively. Show a flag on each patient's record indicating whether digital services are appropriate.



Care Navigation Confusion

Use an infographic/s to show the workings of each section of the surgery, e.g. triaging, to provide patients with a visual representation of workings in an accessible format.



Communication gaps

Surgeries would benefit from sharing timelier information on changes or updates to services, both in surgery, website and online. Ensure Easy Read, and accessible language is available.

Thank you

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Paper to West Berkshire Health Overview and Scrutiny Committee

Date of Meeting: 10 December 2024	Agenda item:
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Title of Paper: Primary Care Update
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Paper is for: (Please ✓)	Discussion	✓)	Decision		Information	
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Purpose and Executive Summary

Paper provides the Health Overview and Scrutiny Committee with any update on primary care access, patient experience, integrated neighbourhood teams and workforce in West Berkshire.

There are 13 GP practice operating in West Berkshire that work together as 4 primary care networks.

Access data on GP practices shows a seasonal trend. Variances in access can be seen when comparing West Berkshire Practices with the Berkshire West, BOB and national positions. The percentage of face-to-face appointments being provided is lower, as well as the percentage of appointments that took place within two-weeks of booking, however on average a greater proportion of patients were satisfied with how long they waited for their appointment than the national average and 94% of patients say they would recommend friends and family to their GP practice. However, across BOB the importance of positive patient experienced is recognised and therefore the paper sets out a number of actions being taken to improve the patient experienced where possible.

The ICB is in the mapping phase for the development of Integrated Neighbourhood Teams (INT) with the aim of they being further progress in their development 2025/26.

The paper sets out details of the range and clinical and non-clinical staff working in West Berkshire GP practices. It is reassuringly of note that Berkshire West practices on average have less patients per GP that the national position which is supporting of good access and patient experience.

Action required

West Berkshire Health Overview and Scrutiny Committee is asked to note and comments on the paper.

Author: Sanjay Desai, Associate Director of Primary Care Operations

Date of Paper: 27 November 2024

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Primary Care Update

Page 49

West Berkshire Health Scrutiny Committee
10th December 2024

Introduction

- Access to primary care in West Berkshire
- Patient experience of access to primary care in West Berkshire
- Integrated Neighbourhood Teams
- Workforce

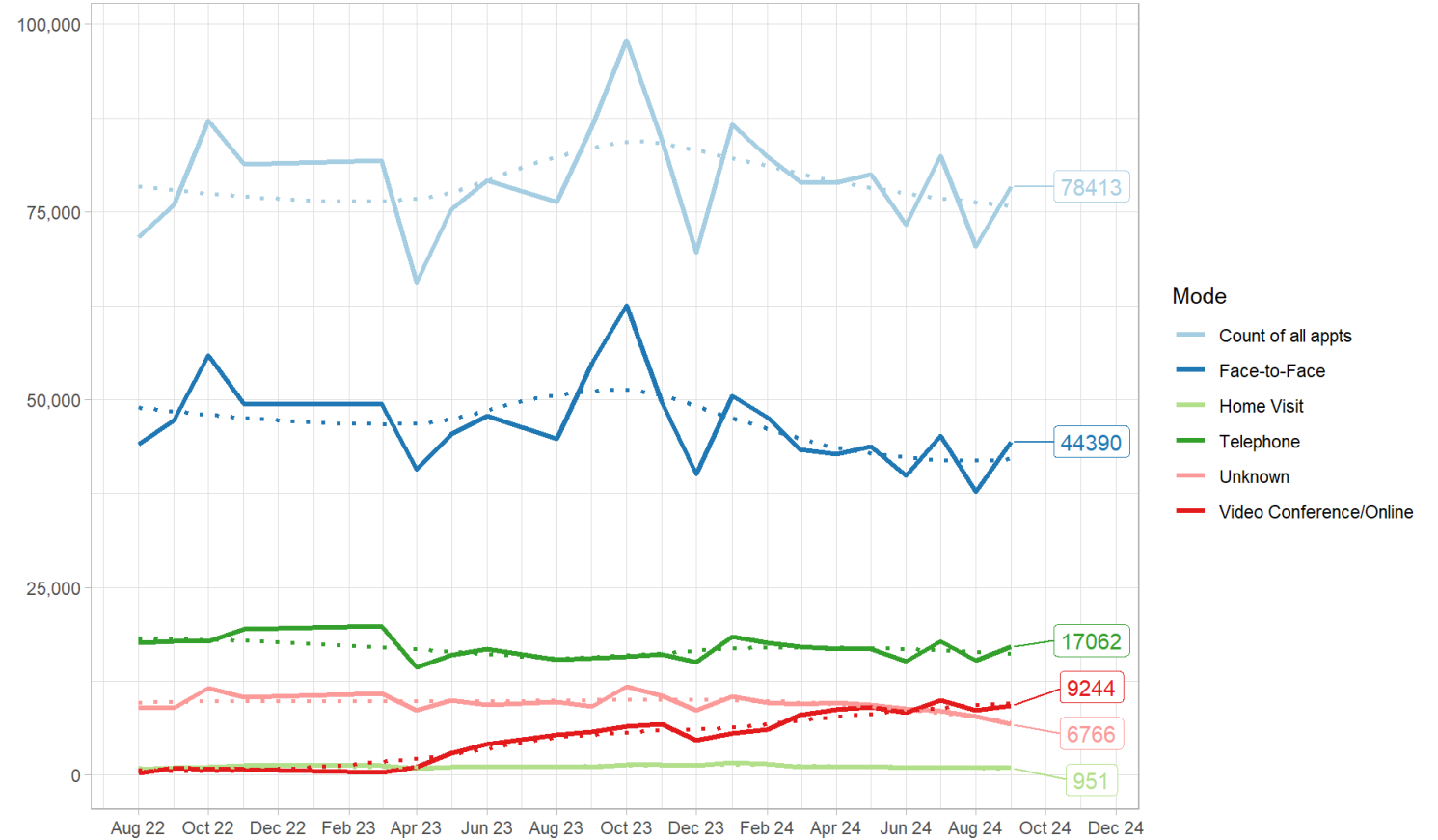
GP Providers

- 13 practices operating in West Berkshire
- 4 Primary Care Networks (PCNs)

GP Practice Appointments by Types

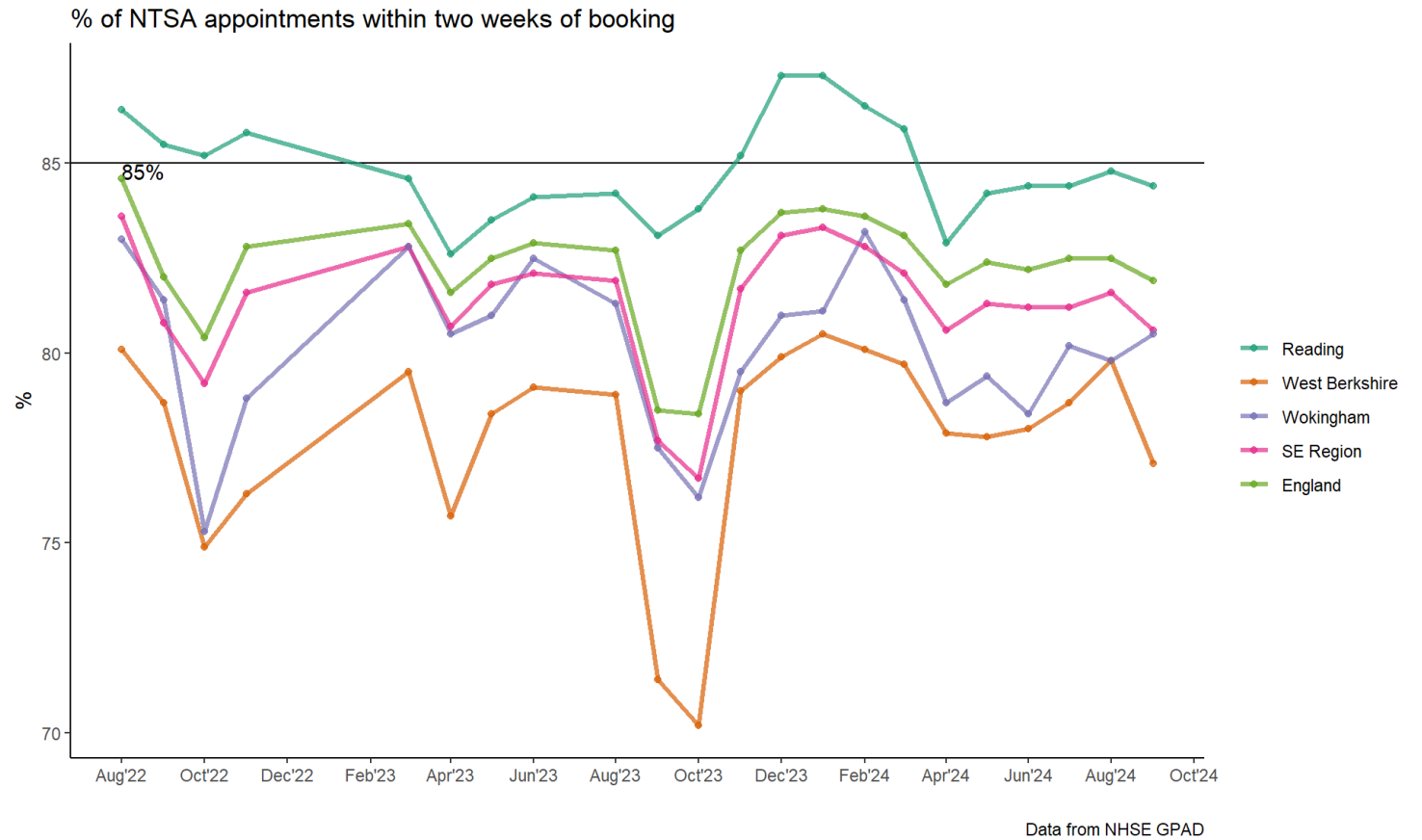
The trend in appointments in West Berkshire shows seasonal variation.

57% of appointments were face-to-face in Sept24 compared to 65% nationally, 61.3% across BOB and 62.1% in Berkshire West as a whole.



Time between booking and appointment (within 2 weeks)

- 77.1% of appointments took place within 2 weeks of request in Sept24. This compares to 82.4% across BOB, 81% in Berkshire West and 81.9% nationally.
- 43% of appointments took place on the day of request, compared to 43.3% across BOB, 43% in Berkshire West as a whole and 43.2% nationally.



Access to primary care – Patient Experience

GP Patient Survey (July 2024)

- 53% of survey responders rated BOB GP Practice's ***ease of getting though on the telephone*** as easy, above the national rate of 50%
- West Berkshire practices satisfaction rates for telephone access ranged from 44.57% - 89.41%
- 67% of survey responders rated ***how long they waited for their appointment was about right***, above the national rate of 66%.
- West Berkshire practices satisfaction rates for appointment waiting time ranged from 49.69% - 84.37%

Friends and Family Test – as at Sept24, 94% of patients reported positive experience (across 10 West Berkshire practices). BOB ICB reports 93%.

Access to primary care – Patient Experience follow-up actions

- Appointment data is triangulated with GP Patient Survey data, Friends and Family data and soft intelligence and interplay between face-to-face access, two week booking and same day appointment availability is assessed, also considering wider pressures and staffing capacity.
- Where GP Patient Survey results are low, triangulation of other known data (with a focus on the bottom 10 BOB practices) is undertaken in accordance with the Primary Care Quality Framework and practice visits arranged as appropriate.
- All practices are encouraged to engage in peer review of access arrangements and sharing of best practice through their PCNs.
- ICB is rolling out tools to support practices to monitor demand and adjust capacity accordingly.
- ICB is working to support all practices to improve infrastructure and processes through Primary Care Recovery Plan and associated workstreams

INT development in West Berkshire

Current Stage

INT development in West Berkshire is in the mapping phase, with active planning underway for further progress in 2025/26.

Engagement with GPs

Our approach includes collaborating with local GPs to understand their vision for INT development. Previous efforts have involved GPs working closely with community nursing teams to address the needs of complex patients, providing a foundation for future integration.

Next Steps

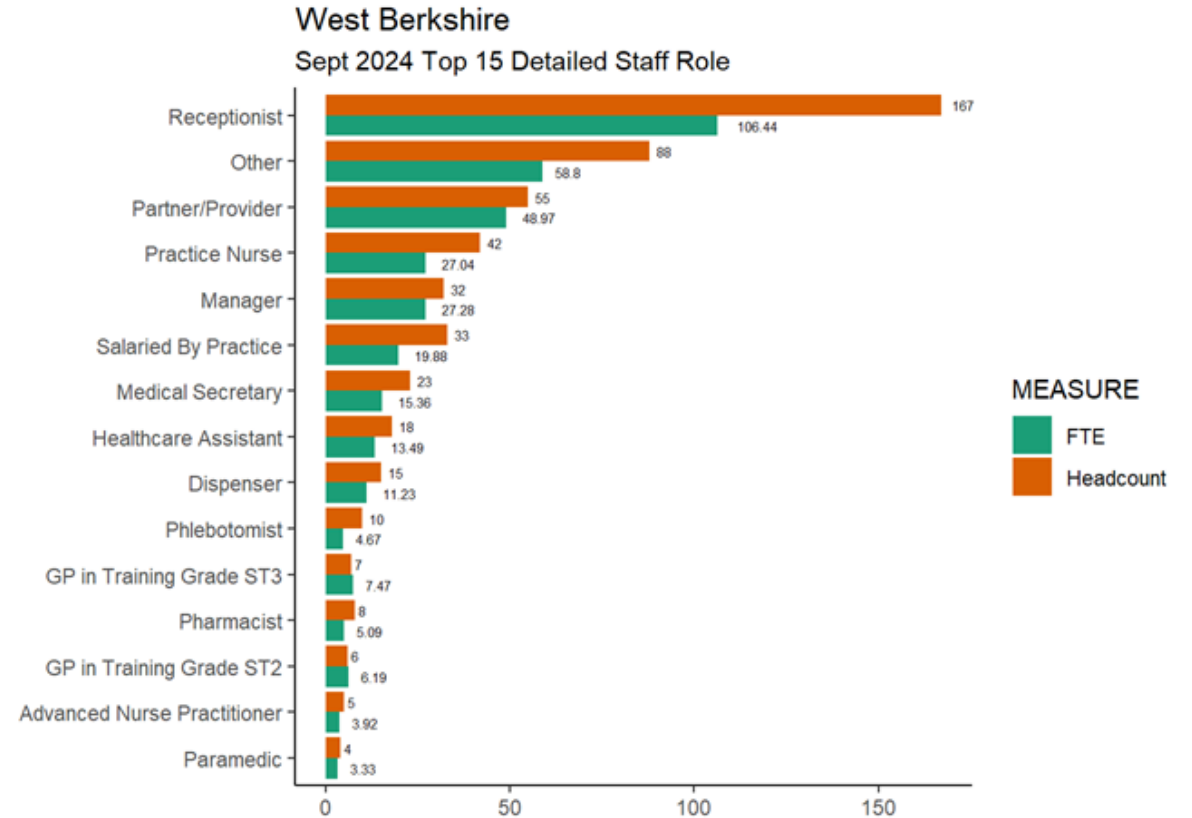
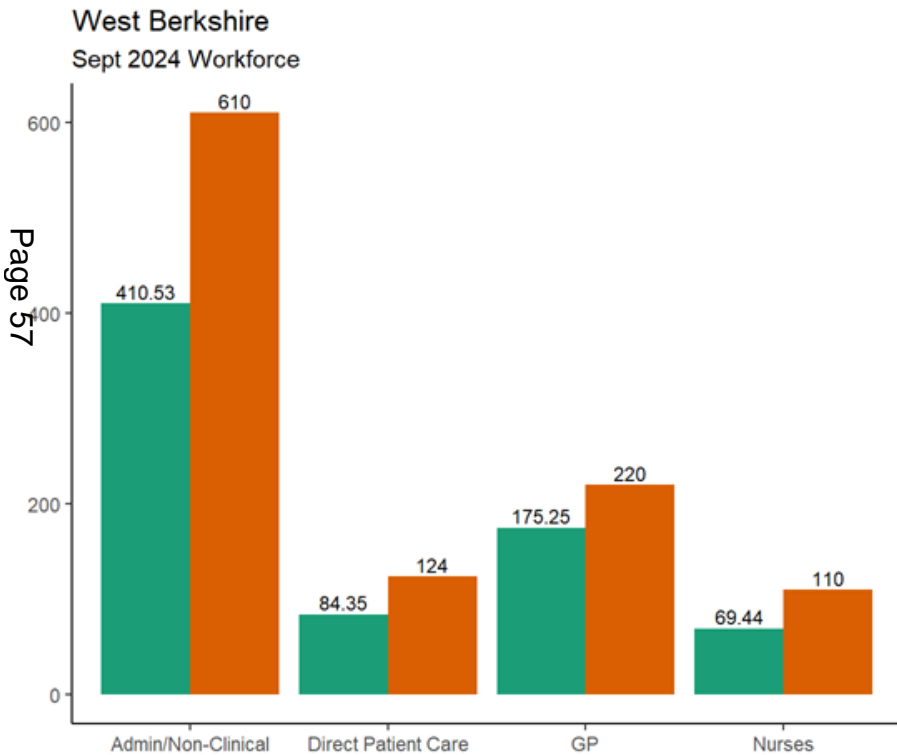
We will be reaching out to other system partners to explore and discuss examples of successful integrated working. These insights will help identify models that can be adapted and further developed into effective INTs.

Focus for 2025/26

The coming year will prioritise stakeholder engagement, shared vision-building, and developing actionable steps to establish INTs that deliver tangible benefits for patients and providers.

Primary Care Workforce

The following tables set out West Berkshire Workforce position as at Sept24:



Primary Care Workforce cont.

- Practices in Berkshire West average 1,862 patients per GP. According to BMA research the average figure nationally is 2,294 patients per GP.
- There is good utilisation of ARRS funding across Berkshire West with the majority of PCNs expected to fully utilise their funding.
- Frequently Asked Questions regarding the introduction of general medical practitioners funding via ARRS have been produced. The aim is to support PCNs to maximise this spending to support pressures and ensure that newly qualified GPs can find substantive employment.
- Utilisation of the Flexible Pool continues to be the highest in the South-East. The pool has been expanded to include practice nurses. 42 practices in Berkshire West are registered with the service.
- 19 fellows are engaged in the new to General Practice Fellowship Programme. The programme supports newly qualified GPs to transition from training into salaried roles within general practice.
- Seven GP retainers are employed in Berkshire West practices. The purpose of the GP Retainer programme is to support GPs, who would otherwise left, remain in primary care.

Report to the Scrutiny Board December 2024

Priority	Update
<p>Healthwatch Update</p>	<p>We have been working with a reduced capacity part-time team of two since August, and this has affected our ability to fulfil our statutory obligations, and some of our workplan, however we reviewed and concentrated on what we are able to achieve.</p>
<p>Workplan</p>	<p>Pharmacy – The Pharmacy First survey will be going live at the beginning of December and will be available to the public until the end of February 2025, when the service will have been available for 1 year.</p> <p>Youth Project – The rack card project to ensure Young People understand their health rights is ready to proceed, however there is no budget to print, and we are currently reaching out to Public Health to see if they are able to help.</p> <p>The card will be available digitally, and in printed format in Libraries, Schools, Colleges and Leisure Centers.</p> <p>GRT Project – We are working alongside Solutions4Health and speaking to the bargee community about how they access health services.</p> <p>Unpaid Carers – We are now writing our Case Study report around our Unpaid Carer project, and this will be ready by December.</p> <p>Slavic and Eastern European NHS Concerns - We had heard these cohorts of people, although living, working and paying into the National Health prefer to return to their original countries to access healthcare as it appears there is a concern regarding care in the NHS. - We are conducting a survey which will garner people's experiences and thoughts on this issue.</p>
<p>Other Initiatives</p>	<p>Women's Health Hub The Women's Health Hub pilot project has now started in West Berkshire covering Menopause and Pessaries. It will continue to be monitored and Healthwatch are continuing to attend the meetings, and advocate for the project to be continued at the end of the pilot.</p> <p>Continuing Health Care Programme Board Healthwatch West Berkshire have reached out to BOB ICB for an update on the Continuing Health Care Programme Board which was due to start in 2023.</p> <p>We are continuing to await a response.</p>

Looking Forward	<ul style="list-style-type: none">• GP Access Project – This project is now finished, and reports covering both Berkshire West and the West Berkshire have been sent to the board.• An event initiative for the elderly will be taking place in 2025. Hosted by Healthwatch this will showcase local and commissioned services to the general public. This is in response to feedback from the GP Access project telling us our elderly residents feel forgotten about and cannot always access or know about the services available to them.
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Health Scrutiny Committee – 10 December 2024

Item 10 –Task & Finish Group Updates

Verbal Item

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Health Scrutiny Committee Work Programme

The following items will be considered in addition to Standing Items: Updates from Task and Finish Groups

Last Updated:
Nov 2024

Ref	Item	Purpose	Health Body	Prioritisation Score
11 March 2025 (Report Deadline 21 February)				
9	Oral Health and Dentistry	Review the System approach to oral health and dentistry. Including the prevenative approach and commissioned services.	West Berkshire Council and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	14
10	South Central Ambulance Service	To review the progress of Improvement Programme and planning in response to proposed hospital relocations.	South Central Ambulance Service	14
11	Dementia	To receive an update on dementia diagnosis rates, pathways and the BOB ICB strategy on Dementia pathways since attending the Health Scrutiny Committee in June 2023. To review the strategic approach to prevention including involvement of public health.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and West Berkshire Council	14
Other Items to be programmed				
12	Early Years Health Inequalities and Sytem Review	To receive an update from the Early Years Health Inequalities Group.	West Berkshire Council, Berkshire Healthcare NHS Foundation Trust and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	14
13	Overseas visitors programme	The review the delivery of the overseas visitors programme at Royal Berkshire Hospital.	Royal Berkshire NHS Foundation Trust	10
Other Items for consideration by the Health Scrutiny Committee				
	Health in All Policies	To review the implementation of Health in All Polices.	West Berkshire Council	tbc
	Childhood Obesity	A system review of childhood obesity.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and West Berkshire Council	tbc
	Homelessness and Health	To review the approach to health provisions for homeless people in West Berkshire.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and West Berkshire Council	tbc
Standing Items				
	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Boad	To receive an update from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Boad on their activities.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Boad	At every meeting

	Healthwatch West Berkshire Report	To receive an update from Healthwatch West Berkshire on patient feedback received, reports prepared and other activities.	Healthwatch West Berkshire	At every meeting
	Director of Public Health Annual Report	To review the Director of Public Health Annual Report	Public Health	Annual
	Inquest Review Panel	To receive the annual report from the Inquest Review Panel	West Berkshire Council	Annual - March