



# Patient Panel West Berkshire

*A group acting as a communication system between  
Newbury & District Clinical Commissioning Group in West Berkshire and  
member groups.*

MINUTES of the West Berkshire Patient Panel meeting held at the West Berks Community Hospital on Thursday, 28<sup>th</sup> November 2019 starting at 7.30 pm.

**Present:** Adrian Barker, Falkland PPG  
Kamal Bahia, CCG & Burdwood Practice Manager (part)  
Erica Tipton, Chapel Row Bucklebury PPG  
Ray Buckland, Burdwood PPG  
Liz Cox, Lambourn PPG  
Mike Fereday, Strawberry Hill PPG  
David Weller, Thatcham PPG  
Jane Belcher, WBCH PIP  
Liz Recaldin, WBCH PIP  
Andrew Sharp, Manager, Healthwatch West Berkshire

**Apologies:** Fred Carter, Downland PPG  
John Bagshaw, Public Governor RBHFT  
Paul Stuart-Kregor, Hungerford  
Kintbury and Woolton Hill. (Betty Taylor, Anne Budd.)  
Karen Swaffield  
Eileen Henderson, WBCH In-patient Services Manager  
Wendy Bower, Lay Member - Patient and Public Engagement, Berkshire West CCG  
Sue White, Head of Adult Services BHFT

## 1. WELCOME AND INTRODUCTIONS

Adrian welcome everyone to the meeting and everyone introduced themselves.

## 2. MINUTES

The minutes of the previous meeting held on 5th September 2019 were agreed.

## 3. MATTERS ARISING

There were no matters arising not already included on agenda.

## 4. RESPONSE TO CONSULTATION ON PROPOSED MERGER OF CCGS

The draft response on the proposed merger of the three CCGs in Buckinghamshire, Oxfordshire and Berkshire West (BOB) was discussed. It was noted that the ICS area did not form a natural unit, for instance in terms of patient flows. Some additional points were raised.

It was suggested it was premature to go ahead with this merger, when there was a possibility of legislative change (NHS England had given the government a list of desired changes) which could alter the role of CCGS and ICS's, and even a new government.

There were concerns about the risk of loss of control of the budget, an aggregation that hid local inequalities and a redistribution away from the locality.

The proposition in the consultation document that there is an 'expectation' of future investments being allocated through the ICS, and that there should be a single CCG for each ICS, was conjecture.

It was agreed that these points should be added to the response. We should also ask to be kept informed of any developments.

It was noted that there was a survey that individuals could fill in, up until the end of 1st December. Adrian would send round the link.

## **5. TREASURER'S REPORT**

Erica reported that the balance still stood at £8,669.53. She suggested we should consider whether there were any worthwhile things we could fund with the money, rather than having it just sit there.

[Kamal joined the meeting]

It was agreed that the signatories on the account should be Erica, Adrian and Kamal. Erica would see what needed to be done to set them up as signatories on the account.

## **6. UPDATE ON PRIMARY CARE NETWORKS (PCNS)**

Kamal reported the latest position on the Primary Care Networks (PCNs) in this area.

There are four PCNs that cover West Berkshire patients: West Berkshire Rural, A34, Kennet and West Reading Villages. Each PCN has employed a social prescriber and some have employed two. They have been working together to deliver enhanced access appointments across all four PCNs and to deliver 'first contact physio' (FCP).

The PCN Directors meet once a month at the Berkshire West PCN meeting. Three of the Clinical Directors meet once a month with the local management committee from the CCG. The PCN Directors hope to work together with West Berkshire Council through the West Berkshire Integration Board which sits under the Health and Wellbeing Board. The PCNs hope to continue to work collaboratively and collectively with their patients, PPGs and Voluntary Sector.

A 'Design Your Neighbourhood' event, with a wide range of local organisations, had been held at Shaw House on 19th September, which included explanation of and discussion on PCNs. A number of issues were raised, and dealt with, particularly around social prescribing.

The Kennet PCN (Falkland, Burdwood and Thatcham) had held a launch event on 9th September involving the three PPGs and practice staff. Burdwood had produced a very good joint newsletter for the event which clearly explained PCNs.

Erica reported that she was attending the equivalent to this meeting, Reading Voice, next week (since Chapel Row was now included in a PCN with Theale, Mortimer and Pangbourne). The social prescriber from the PCN had asked to visit each of the PPGs. Andrew suggested it would make more sense for those PPGs to attend this meeting, as they were all within West Berkshire. Erica said she had met with the other PPG chairs and they had agreed to share information, but she would try to persuade them to attend this meeting.

## **7. UPDATES**

### **a) Royal Berkshire Hospital**

John Bagshaw had had to give apologies for this meeting.

### **b) Patient Information Point**

Jane reported that the PIP had taken part in the 'Working for a Healthier Tomorrow' event at the Racecourse on 17th October and they made several contacts.

They had had a stand at the Healthwatch week-long pop up event in the Kennet Centre.

They have recruited a new volunteer but still need more.

They have been very busy in the last month, with queries not just from patients but also staff, including doctors and nurses. One interesting example of a query was for a list of undertakers. As they couldn't find anything existing, they drew up a list. The PIP was also able to let the inquirer know that someone from Cruse is in most days of the week.

### **c) Clinical Commissioning Group (CCG)**

The proposed merger was a key issue at the moment. It was important they keep us informed. It was noted that this was not a formal consultation.

### **d) Healthwatch**

Healthwatch were currently restricted in what they were able to do because of Purdah.

A dementia awareness session was coming up (5th December) and similar events could be held in individual surgeries.

The Healthwatch Board was meeting on 10th December.

There was to be an 'end of life' event on March 12th in the Corn Exchange, which would look at all aspects of preparing for death. There would be a range of speakers including the CCG, lay specialists and 'Dying Matters'.

Healthwatch was interested in attending PPG meetings, especially joint ones of PCNs.

**e) WBCH Building Trust**

Keith Endersby was not able to attend the meeting but had submitted an update.

The Greenham Trust Wing is functioning well. The Cancer Care facilities are expanding. The renal dialysis unit is working at about 75% capacity and the new CT scanner is imaging about 500 patients a month. The Trustees have started the process of planning a new building and provision of two new MRI scanners with the RBH Trust. At a meeting recently it was said that the new building would cost £5m, of which £2m of funds would have to be raised.

**f) Patient In-Services Manager WBCH**

No report.

**g) BHFT**

No report.

**h) Other updates**

Reva Stewart would be taking over from Ian Mundy at BHFT. Kamal had been approached by a number of people from BHFT about public and patient engagement. It was agreed that she would invite them to our next meeting.

The Minor Injuries Unit had been changed to the Urgent Treatment Centre though there was little difference noticeable so far. It was suggested that patients would not understand the difference or when they should go to which place. Access should be by NHS 111, who would decide the most appropriate place to go. Kamal suggested that Dr Debbie Milligan should be invited to a future meeting as she had a role in relation to 111 and it would be helpful for them to know all the organisations available to call on.

**8. PPG Updates and Sharing Good Practice – Communications**

Liz reported that Lambourn had set up a communications sub-committee which had produced a plan. Some information had been provided on children's flu. There had been work with 4 legs radio which was positive, but it all takes time. They have also reserved space in the village magazine. The problem is that it needs time to do everything that's necessary such as writing copy, reports, emails etc. Currently it's down to the Practice Manager and her staff.

Erica said that Chapel Row produce a newsletter normally three times a year. They arrange a walk once a month. They provide information to people who might be at risk of contracting diabetes. They have a good website. They have a good attendance at the PPG, with the Practice Manager taking the minutes. People have ideas but it is hard to get people to take things on.

Ray said that Burdwood produce a newsletter two to four times a year, depending what there is to say, with two people producing it. They have about 700 on their email distribution list. Support at meetings is good, with people prepared to muck in. They recently had a meeting about boosting the PPG presence on the website.

Kamal said that all of the surgeries were now up and running with Footfall for their websites. She had held a small focus group on its use. Burdwood had held two Saturday morning digital clinics to help people register on line and use the app. They were able to help 19 people over the two sessions and they now had 250 patients on the app. It was led by the PPG, with help from the surgery. He had put together a guide for how to get on line, which he was happy to share. Reception had seen a drop in the number of phone calls as a result. They had asked reception staff what the top three things were that they had to deal with that could be dealt with on the web. They were: prescription requests, sick note renewals and asking the GP a question. Raising people's awareness of where to go for those things could have a big impact on the number of calls into reception. It was noted that there are a number of different apps (such a 'My GP' and the particular clinical system for each GP surgery) which do much the same thing. Kamal said that in Berkshire West it had been decided to support the NHS app because it is the national one. There was supposed to have been a campaign for it from September, but that did not materialise.

Mike noted that at Strawberry Hill, there had been a turnover on the committee and it was still finding its way forward. A lot had been done on the surgery PIP (Patient Information Point) with support from volunteers. They were intending to produce a newsletter.

David reported that Thatcham produced a newsletter three times a year. This time they had used an outside report, from the Lloyds pharmacist, on 'My Day'. They have a communications sub-committee and now have a communications strategy that, once approved, will go out to patients. They have information which is laminated and put onto seats. Like others, it is hard to get people to do things and it usually ends up being the same people.

Adrian reported that Falkland produces two newsletters a year. They also have two open evenings where patients are able to come and hear presentations and discuss issues. There aren't many on their email list, about 30, so they are currently trying to increase this number.

Adrian suggested that between us all, there is quite a lot of good practice going on.

It was agreed to share newsletters in future to get general ideas of what could be done (such as the 'My Day' feature or 'Meet the team') and, where it was relevant, specific information. Andrew said that material could also be taken from their Healthwatch newsletter. Anyone could subscribe to receive it. It usually goes out on 8th or 9th of the month.

Kamal said she would produce a PCN newsletter for the whole area. She would send a draft round.

To increase the size of email lists, Kamal said it should be possible to use the websites and one thing that could be done would be to have PPG email addresses on all of them.

It was agreed to consider Footfall (the practice websites) and use of the screens at a future meeting.

## **9. FUTURE MEETINGS:**

It was suggested and agreed that future meetings be held during the day, at 2:30. The venue of planned meetings might have to change to accommodate this. The following meetings are: 27th February, 13th May (AGM) and 2nd July. It was agreed to invite David Clayton-Smith, the independent chair of the STP / ICS to speak at the AGM.

The issue of the RBH car park being completely open, which often meant it was impossible to find a space, was raised. It was agreed to raise it with the RBFT representative on this group, and if necessary, then with the hospital directly. Ray noted that as well as the park and ride, you could get to the hospital by train and bus (if physically able enough).