Buckinghamshire County Council
Select Committee
Health and Adult Social Care

Minutes

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

Minutes from the meeting held on Tuesday 26 July 2016, in Mezzanine Room 2, County Hall, Aylesbury, commencing at 10.00 am and concluding at 11.30 am.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at http://www.buckscc.public-i.tv/
The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

MEMBERS PRESENT

Buckinghamshire County Council

Mr B Roberts (In the Chair)
Mr B Adams, Mr C Adams, Mrs M Aston, Mr N Brown, Mr C Etholen, Mrs W Mallen, Mr R Reed and Julia Wassell

District Councils

Mr A Green	Wycombe District Council
Ms S Jenkins	Aylesbury Vale District Council
Mr N Shepherd	Chiltern District Council

Others in Attendance

Ms J Woodman, Committee and Governance Adviser
Mrs E Wheaton, Committee and Governance Adviser
Ms C Morrice, Chief Nurse and Director of Patient Care Standards, Buckinghamshire Healthcare NHS Trust
Ms L Patten, Chief Officer, Aylesbury Vale Clinical Commissioning Group
Mr P Thiselton, Head of Research, Healthwatch

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mrs Wendy Mathews.

Ms Thalia Jervis the new Chief Executive at Healthwatch Bucks was introduced as the new co-opted Healthwatch Member replacing Ms Shade Adoh. Ms Jervis sent apologies for the meeting and Mr Phil Thisleton Head of Research at Healthwatch was substituting.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES

The Minutes of the meeting held on 21st June were confirmed as an accurate record with the addition of Mr A Green's apologies and Julia Wassell's comment that she had used social media to highlight the work of the HASC.

Julia Wassell questioned whether a majority view had been established for meetings to remain at County Hall. The Chairman stated that his understanding that a decision was reached at the last meeting and would be reviewed again in a years' time. Julia Wassell motioned for a vote of no confidence in the Chairman on the grounds of failure to listen to the voices of Wycombe representatives. The motion was not seconded.

The Chairman agreed that choice of venues for future HASC meetings could be discussed and agreed by HASC outside of the meeting.

Follow-up on actions

ACTION: Committee and Governance Adviser to investigate how information on public questions could be more prominent on the Bucks County Council web pages.
Currently being investigated

ACTION: Committee and Governance Adviser to invite the Primary Care Commissioner to the 26th July HASC to discuss the Lynton House Surgery decision.
Mrs Lou Patten (Chief Officer Aylesbury Vale CCG) attended the meeting to present the decision briefing paper.

ACTION: Committee and Governance Adviser to write to NHS England to seek response to the formal submission to the Community Pharmacy consultation.
Responses from the Secretary of State for Health the Rt Hon Jeremy Hunt MP to the Rt Hon John Bercow MP and a response from the Rt Hon Cheryl Gillan MP were attached with the agenda. Mrs Aston requested that the issue be kept on the HASC's agenda with an update at the next meeting.

Proposals from Department of Health were due in July and HASC Members would be circulated with the details.

ACTION: Adult Social Care to provide the current figures for delayed discharges.
These had been sent out to Members and would be re-circulated as new Members had joined the Committee.

ACTION: Buckinghamshire Healthcare Trust to provide HASC with re-admission figures.
The readmission rate for May 16 was 6.9%, an improvement on 8.9% in March 16. The

Chairman stated that HASC would monitor these figures.

4 PUBLIC QUESTIONS

The Chairman stated that responses had been sought on public questions raised outside the time deadlines for the previous meeting. Concern was expressed that the responses had not been distributed at the meeting. The Chairman explained that the responses had been received just prior to the start of the meeting so it was agreed that these would be circulated after the meeting.

The full questions and answers are attached.

5 CHAIRMAN'S UPDATE

The Bedfordshire and Milton Keynes Healthcare Review

The Chairman has been advised that the cancelled 14th June meeting of the Joint Health Care Review Board had not been re-convened as the team wanted to ensure alignment with Sustainability and Transformation Plans. A revised decision making timetable would be presented by the HCR team at the next HASC meeting on 6th September.

Moving Closer to Home Pilot

The Chairman had met with the Chief Executive of Buckinghamshire Healthcare Trust (BHT) to express support for the pilot project.

(See Appendices 2 and 3)

Provision of Communications and Engagement Services to Aylesbury Vale and Chiltern Clinical Commissioning Groups

Buckinghamshire County Council (BCC) and the Aylesbury Vale and Chiltern Clinical Commissioning Groups ('the CCG') had established an agreement for a shared communications and engagement service, hosted by BCC. The decision was ratified by the County Council on 25th July.

Mandeville Practice

Concerns were raised with Mr B Adams regarding Mandeville Practice use of locum GP cover on a Thursday and Friday.

Responses were sought from the Practice Manager who stated that:

'I am sure you are aware of the challenging situation Mandeville has been experiencing and working through over the last 12 months, together with the national problem experienced by GP surgeries nationwide with regard to GP recruitment and retention. Following The Practice U Surgeries Limited taking over the practice on 1st April, 2016 we have steadily been increasing our regular GP clinics. Yes, like all other GP practices, we do need to use the services of locum or self-employed GP's but we work very hard to ensure we have regular self-employed GPs to ensure patient continuity. Our employed GPs work sessions across the week. A new employed GP started with us recently and another will commence at the beginning of August to further support our current team.'

In addition the Head of Primary Care NHS Chiltern and Aylesbury Vale CCGs stated that:

'*Recruitment and retention is a national problem for primary care. Like many other practices, Mandeville Surgery has suffered recruitment issues. Throughout this difficult period the*

practice has remained clinically staffed although it has had to resort to employing locum staff at times.

A successful recruitment campaign has resulted in the employment of 2 new GPs and an Advanced Nurse Practitioner. We are pleased to report that from September 2016 the practice will be able to provide the local population with 50 – 52 GP sessions a week and will no longer be reliant upon locum clinical staff. This should increase the availability of patient appointments and improve the overall patient experience.

On the day appointments with a clinician continue to be available for patients morning and afternoon five days a week. However the surgery does recognise that there has been some irregularity regarding the number of emergency appointments available each day due to clinical capacity. With the addition of the newly appointed clinical staff this imbalance should resolve. From September 2016 a consistent number of on the day appointments will be made available from Monday to Friday. It is worth noting that on days when a high patient demand is expected we would anticipate a larger number of emergency appointments will be made available than on quieter days.
Currently at Mandeville Surgery the average waiting time for a routine GP appointment is 2 days, with emergency appointments being made available sooner. Further, the surgery aims to open for extended hours in the near future which will further help with the availability of appointments.'

See Appendix 4 for a copy of the letter from the Head of Primary Care to Aylesbury Vale Town Council.

Closure of Ridgeway Centre

Concern was expressed that HASC had not been consulted and assurances were sought regarding impact of closure, the number of Buckinghamshire residents affected and details regarding Dove Ward.

Mrs L Patten made the following points:

- Dove Ward, part of the Hertfordshire Partnership Foundation Trust was in Garston and not far from the Ridgeway Centre.
- As a result of ongoing issues with the previous provider Southern Health Foundation Trust, the CCG had sought an alternative provider.
- Hertfordshire Foundation Trust had been selected as it was felt a much better option for patients in the longer term.
- The decision had taken into consideration new models of care which looked to support people in their homes, rather than being in-patient services.
- There was low usage of Ridgeway beds by Buckinghamshire residents and the CCG needed to factor in wrap around care which Dove Ward provide.
- The CGG needed to consider the quality of care for a small and reducing number in-patients from Buckinghamshire (two currently used the service).

HASC discussed how to ensure earlier sight of issues and Mrs Patten suggested the CCG could provide regular information on current issues at the Committee.

(See Appendix 5 attached for further information)

ACTION: Committee and Governance Adviser to liaise with the CCG to arrange a visit for HASC Members to Dove Ward.

6 COMMITTEE UPDATE

There were no Committee updates.

7 COMMITTEE WORK PROGRAMME

The work programme was noted.

8 LYNTON HOUSE SURGERY

Mrs Patten provided background context to the item reporting that she was now the Accountable Officer for the new Federation of Chiltern and Aylesbury Vale CCG. Mrs Patten explained that the change provided clarity regarding staffing and structure and anticipated that communications with Committees such as HASC and the public would improve as a result.

The Committee heard that the CCG was currently working on the current and future population health, social care and infrastructure needs around the seven localities.

With regard to Lynton House, Mrs Patten confirmed that NHS England had been working with Chiltern CGG and that it had been decided to postpone the decision to close Lynton House for 6 months. Mrs Patten explained that this would provide time to review long-term provision for the health and social care needs of residents in East Wycombe which would need to take into consideration public health, housing needs and the desire for patients to be cared for closer to home.

During discussions the following points were made:

- The risk assessment had shown that it was currently safe for patients to be seen at Lynton House.
- It would be necessary to have clear options for consultation based on the needs and future need of the local population.
- Members requested that the review be brought back to HASC

Action: Committee and Governance Adviser to liaise with NHS England and the CCG to ensure the review is considered by HASC at the start of the consultation.

9 TEMPORARY TRANSFER OF CARE OF WOMEN PLANNING TO GIVE BIRTH IN WYCOMBE BIRTH CENTRE

Mrs C Morrice clarified that the decision to temporarily transfer care for women using the Wycombe Birth Centre was temporary until 31st October and that the decision had not been taken lightly and that clinicians had been fully involved. Mrs Morrice explained that the primary concern was the safety of women and their babies and approximately 20 women per month gave birth at the Wycombe Birth Centre and that all affected women were fully consulted.

Mrs Morrice provided the following information:

- 24 maternity services staff had left the Trust over the past year – a mixture of staff retiring and moving to other posts.
- Recruitment was impacted by an ageing workforce and reflected national trends.
- Currently Buckinghamshire Healthcare Trust had 172 midwives in post and was 14 midwives short of its requirement.
- The Trust was currently interviewing 24 Midwives.
- The Wycombe Birthing Centre remained open for ante- and post-natal appointments.

During discussions, the following points were raised:

- The Stoke Mandeville Unit would be clinically more difficult to close as women with more complex birth risks were referred to the Unit (around 50 women per month).
- The Trust was using Birth Rate Plus as a tool for forecasting numbers of midwives needed. The need to future proof services and include the community in discussions was acknowledged.
- Perinatal mortality is 4.6 per 1,000 in Buckinghamshire against a UK rate of 5.9 per 1,000 (source: MBRRACEUK report 2014).
- The Committee requested clarification around the local performance in relation to comparator CCGs in relation to the maternity services pathway at its meeting on 6th September.

ACTION: Commissioning leads for Maternity Services to provide HASC on 6th September with context and detail regarding the areas where the Buckinghamshire CCGs are performing worse than its comparator CCGs against the Commissioning for Value Tool.

10 DATE AND TIME OF NEXT MEETING

The next full webcast committee meeting will be on 6th September 2016 at 10am.

CHAIRMAN

Questions submitted to HASC by Ms Ozma Hafiz

Q Ward 5B closure Wycombe Hospital - Were HASC consulted before the closure of this ward? There was NO mention of this during the 'community hub' meeting. Do HASC agree that given the Home Care Sector is struggling to recruit care staff, and that there is a wait for OT visits, that the closure of this ward is a short-sighted decision? Obviously people wish to return home as soon as possible, and given hospital infections etc this is often good for the patients, but has any consideration been given to potential patients (i.e carers) who may need respite? Some of these tend to be elderly themselves.

Patients from Ward 5B are usually placed there after being moved from other acute wards, will the fact that it no longer will take patients over the next 6 months mean that other 'step down wards' will face more pressure? Will the fact that Ward 5B has closed result in 'bed blocking' on other acute wards?

Chiltern CCG mention that keeping patients on wards for a length of time can result in muscle wastage etc, but will these patients who have been sent home still be in bed anyway and therefore still potentially face bedsores, possible muscle wastage and falls? Could it be argued that some of these patients may well be safer and recover more quickly, with better access to trained staff, on a ward such as 5B?

Response from Buckinghamshire Healthcare Trust (BHT)

Ward 5b cared for patients who were medically ready for discharge or transfer to their next stage of care (be that a nursing home bed or waiting for social services long-term package of care at home). The investment from this ward was transferred into expanded community provision in order to better support this group of patients. A paper on the rationale of the proposal is attached. This is a six month pilot, where the impact and effectiveness will be assessed.

Q What is the real reason behind the emptying of the Tower Block at Wycombe Hospital? What evidence can be given to support this?

Response from BHT

Wycombe Hospital has an exciting and vibrant future and is a key part of our strategy development. We wish to continue to improve facilities at Wycombe Hospital, ensuring that clinical services are provided from our most modern and fit for purpose accommodation on the site. Over recent years we have invested in the development of a new breast care centre, hyperacute stroke unit and cardiac and stroke receiving unit. In the past year the Trust has agreed to expand the endoscopy service and to build a second cardiac cath lab on the site.

Changes to services within the tower block over recent years have been as a response to developments in clinical services. Looking ahead, our clinical strategy will determine the future estates requirements for the Trust including the tower block.

Q What reassurance can be given that the STP footprint 'BOB' won't result in further downgrades in Buckinghamshire's hospitals? What reassurance can be given that Reading's hospital is safe from downgrades?

Buckinghamshire County Council response

Buckinghamshire is part of the wider BOBW STP footprint to collaborate on those areas of common interest including very specialised services, workforce and urgent and emergency care services. There are no current plans to significantly change the range of acute hospital services provided locally.

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20th July 2016

Dear HASC Members,

Statement regarding Buckinghamshire Healthcare Trust 'Closer to home' pilot study

The former Chairman of HASC was informed of this pilot in May and a briefing paper circulated to Members for comment after the 10th May meeting. (a copy of the original briefing paper is attached with this statement)

At the 21st June meeting it was decided the Chairman of HASC would comment on the pilot on behalf of the Committee after a meeting with the Neil Dardis - Chief Executive of the Buckinghamshire Healthcare Trust (BHT). This was due to the fact that Members have not indicated that they would like this to come to Committee to discuss.

I have now had the opportunity of meeting with Neil Dardis along with the Vice Chairman of the Committee. As a result of discussions I fully support the moving close to home pilot BHT are undertaking. My reasons for this are as follows:

- The aim of any acute trust should be to allow medically fit patients to return home as soon as possible ensuring they have a good rehabilitation and support package. For elderly patients this is critical to maintain their independence, mobility and general wellbeing.
- The outcome must always be to maintain or offer better standards of care and not solely a focus on preserving the status quo.
- Evidence shows that people who receive care and support in their own homes enjoy a longer better quality of life.
- A recognition of BHTs work as part of a wider need for health and social care agencies to 'future proof' services particularly for our vulnerable and elderly residents.

The Pilot is still ongoing and the Committee will be kept up to date with any changes.

Kind regards

Brian Roberts

Chairman, Health and Adult Social Care Select Committee

Buckinghamshire Healthcare NHS Trust

Division of Integrated Elderly & Community Care	
Briefing Paper	Moving Care Closer to Home
Dated	April 2016

1. Introduction

Buckinghamshire Healthcare NHS Trust provides a range of services for frail older people of Buckinghamshire and beyond including community, outpatient, day case and inpatient care. In 2015 a new Integrated Elderly and Community Care Division was created within the Trust to ensure that the organisation maximises the opportunities it has to provide and develop integrated care. The national direction is to move care closer to home, where appropriate. With that in mind the divisional team have looked at the services currently available and developed proposals to further invest in expanding community services in order to support more patients closer to home and to reduce the number of delayed discharges and transfers of care. This could be achieved by shifting resources from acute to community services.

2. Improving the quality of care

Currently, services for frail older people are provided from patients own homes (through the adult community healthcare teams), as well as a variety of outpatient, inpatient and day case services offered from Wycombe, Stoke Mandeville, Amersham, Buckingham, Thame, Marlow, and Chalfont hospitals.

The national Five Year Forward View, published in October 2014, stressed the importance of "expanding and strengthening primary and out of hospital care". It cites various examples of successes in managing elderly complex patients in the community and avoiding admissions. There is good evidence that patient satisfaction is higher when people are treated at home rather than in hospital and there is also some evidence that this may be more cost effective. (Purdy,S, 2010)

Moving care into the community and providing streamlined pathways that integrate health and social care are major components of the five year forward view and is designed to ensure resilience and sustainability in the NHS for the future.

Locally, treating as many patients, especially older people, at home is also a top priority for the Trust and local commissioners. The Chiltern CCG's operational plan for 2014 – 16 states two of their outcome ambitions as:

- Reducing the amount of avoidable time people spend in hospital through better and more integrated care in the community.
- Increasing the number of older people living independently at home following a stay in hospital.

A 2016 report by the independent Commission on Improving Urgent Care for Older People states that there needs to be a greater focus on proactive care. The current system often focuses on providing care reactively. The Commission believed the mind-set of the care system needed to change from reacting in a crisis, to proactively planning to avoid one and to react appropriately if someone deteriorates. They stated this would help support hospital services to meet the needs of those who really needed the unique skills, expertise and environment of the acute sector. It also encouraged greater use of multidisciplinary and multiagency teams. Suggesting the teams could operate in both the hospital and the community, bringing together staff from different backgrounds. Where appropriate, they should encourage and support self-management by working with people and carers, which at Buckinghamshire Healthcare we are uniquely placed to deliver.

In the wide-ranging Lord Carter report into hospital productivity and performance, published in February 2016, it highlights that the number of days lost to bed blocking is higher than previously thought: "Nearly all trusts wrestle with the problem of moving those who are medically fit into settings that are more appropriate for the delivery of their care or rehabilitation, and for the families

and carers." Information provided by trusts reveals that on any given day as many as 8,500 beds in acute trusts (across England) are blocked with patients who are medically fit to be transferred. In Buckinghamshire, we report on between 50 and 60 delayed transfers of care per day.

3. Process for developing new model

On average there can be upwards of 50 – 60 patients remaining in Buckinghamshire acute hospital beds that are medically ready for discharge or transfer to their next stage of care, be that a nursing home bed or waiting for a social services long-term package of care at home. It has been identified that these patients could benefit most from greater investment in community support.

These patients are often transferred to ward 5b at Wycombe Hospital, which can constitute another process in their journey, delaying their discharge and adding to their length of stay. Currently on 5b, 100% of the patients are deemed medically fit for discharge.

Ward 5b is a 20 bedded ward which facilitates both male and female patients. The ward primarily cares for older patients who require additional rehabilitation prior to discharge. 5b also accepts admissions from all parts of the Trust for those patients over the age of 75 who require low level rehabilitation or those who are waiting for social care in the community.

In 2015/16 there were 263 people admitted to the ward. The main sources of referral into 5b were from several main areas:

- 65% were from Medicine for Frail Older People (Wards 8 & 9 at Stoke Mandeville and MUDAS at High Wycombe)
- 34% were from Wycombe Stroke and Cardiology Services.
- 1% direct from Assessment & Observation Unit and Short Stay Ward at Stoke Mandeville.

Of those admitted to the ward, 68% were from the Wycombe and Marlow locality and the remaining from Amersham and Aylesbury, with a few additional out-of-area patients.

The average length of stay on the ward was 24 days. It is important to note that this is 24 days beyond their initial treatment episode on the specialist referring ward, as most patients (99%) are referred to 5b following an inpatient stay on another ward within Stoke Mandeville or Wycombe hospitals. At any given time, 75 - 100% of patients on 5b are medically fit for discharge, waiting to be transferred to the next step in their pathway.

Of those patient admitted in 2015/16:

- 24% were discharged to nursing or residential care.
- 67% were discharged home.
- 9% other discharge destinations.

The division has identified that by increasing investment and capacity in earlier packages of care for people in their own homes would support us to discharge people to the right setting when they are medically fit to leave hospital, reducing their length of stay in the acute hospital. There is strong evidence that a long length of inpatient stay in a hospital setting can lead to sub-optimal care as older patients decompensate and lose confidence as well as increase their risk of hospital acquired infections. (British Geriatric Society; RCGPs; Age UK Report: 2014)

4. Proposed new model of care

Investing in more support in the community will help older people to be cared for in an environment that is most appropriate for their needs and wishes.

We want people to receive the right care at the right time in the right place. Therefore the division wants to transfer some of its resources from acute care to invest in better community provision. This will help to prevent avoidable admissions where possible and ensure that older people are supported with their discharge home to remain as independent as possible for as long as possible. As ward 5b currently cares for patients who are medically ready for discharge or transfer to their next stage of care (be that a nursing home bed or waiting for social services long-term package of care at home) it is proposed to transfer the investment from this ward into expanded community provision. It is proposed that this is piloted for a six month period in order to assess impact and effectiveness.

What we will do
Put packages of care (domiciliary care) in place for older people within their own homes without the need to wait in an acute hospital bed until this can be organised.
Increase access to rapid support in a crisis; to enable people to get back to their own homes from hospital and regain their independence quickly.
Offer enhanced physiotherapy and occupational therapy for stroke patients to aid rehabilitation in the treatment wards at Wycombe. Thus not requiring the need to transfer to another ward to receive this rehabilitation.
Increase capacity to therapy within the Adult Community Health Teams
Enhance the single point of access, making it easier for GPs and other healthcare providers to access health or social care support, supporting admission avoidance and to ensure we have early supported discharge.

Total shift in investment that is being proposed is: £1,000,000
We estimate that up to 90% of those patients admitted to 5b last year could have benefited with access to this community provision and as a consequence could have had a reduced length of stay in the acute environment. However for those patients still requiring inpatient treatment then their care and treatment will not be affected by this change – they would remain on their specialist ward, but with the benefit of easier access/support to be directly discharged from that ward when medically fit, instead of being transferred to 5b whilst awaiting final packages.

5. Benefits

We believe the benefits of this shift of investment would include:

- Older people being cared for in the right environment.
- Reduction in projected length of stay for older people, as we have an average length of stay of 24 days on 5b.
- Better experience for the patient as they receive the right care at the right time, in the right place.
- Seamless pathways of care for older people, with patients not being transferred between wards and sites whilst waiting discharge home or packages of care in the community.
- Reduction in avoidable admissions for older people.
- Relocation of permanent skilled ward nurses to the stroke and cardiology services at Wycombe. There are vacancies on these specialist wards which are currently covered by agency and bank staff, which can reduce continuity of care to patients. Staff on 5b have the relevant specialist skills and will therefore be offered the opportunity to work on these wards.
- As this is a pilot, staff will have the opportunity to explore different working environments, which best utilises their skills. After the pilot concludes we will commence a formal consultation process to ascertain whether staff wish to stay where they are or whether they wish to look for different opportunities, which we will support them with.

6. Proposed next steps

Phased investment has already commenced in expanding community care, which has enabled the team to reduce bed capacity on the ward. The intention is not to transfer new patients onto 5b once all current inpatients are discharged or transferred to the right community setting (there are currently five patients on the ward). Community care – as outlined above – will be directly accessible to the relevant medicine for older people services and specialist wards. Patients requiring specialist care will continue to receive this across the medically frail older people wards, stroke wards and cardiology wards – this remains unchanged from the current provision.

We are commencing a consultation with staff on changes to their working patterns during this pilot.

We will review again in six months' time, alongside overall Trust capacity planning, to establish that there is no longer a requirement to re-provide this inpatient setting.

We will monitor the following:

- Average length of stay for older people
- Number of pre-paid packages of care provided
- Discharge destination for older people
- Patient related outcome measures & patient related experience measures.
- Number of admission avoidance delivered by REACT & the community healthcare teams.
- Focus group with the redeployed staff to see if they feel they have been well supported, what went well and what we could improve on.

References

NHS England October 2014. Five Year Forward View

Kings Fund Purdy. S December 2010 Avoiding Hospital Admissions. What does the research evidence say?

NHS Confederation: Independent Commission Sharing New ways of supporting older people.

Doh Lord Carter review 2016.

British Geriatric Society; RCGPs; Age UK Report: Fit for Frailty- consensus best practice guide for the care of older people living with frailty in the community and outpatient settings (2014)

NHS
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25th July 2016

Aylesbury Town Council
Town Hall
5 Church Street
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HP20 2QP

Attn: Mark Broughton

Dear Dr Broughton

Re: Mandeville Surgery

We understand that concerns regarding the service levels provided by Mandeville Surgery were raised at the Aylesbury Town Council Meeting held on 13 July 2016.

We have been notified that following a visit to The Healthy Living Centre, a councillor was left with the impression that only two GPs were working at Mandeville Surgery with patient appointments only available from Monday to Wednesday. We understand that the Councillor has raised this matter with the Buckinghamshire Health Overview and Scrutiny Committee.

A service review meeting took place on Thursday 21 July at Mandeville Surgery and we would like to take this opportunity to inform you of some of the positive developments that have occurred within the practice. We would further like to reassure you that the concerns relayed to the Councillor were erroneous.

As you may be aware, Mandeville Surgery has experienced a challenging year resulting in a change in contractor. From 1 April 2016, the Practice U Services Ltd has been responsible for the provision of primary medical services at Mandeville Surgery and we meet regularly with senior staff at the practice as well as NHS England South to monitor their performance and to ensure that they fulfil their contractual obligations.

Recruitment and retention is a national problem for primary care. Like many other practices, Mandeville Surgery has suffered recruitment issues. Throughout this difficult period the practice has remained clinically staffed although it has had to resort to employing locum staff at times.

A successful recruitment campaign has resulted in the employment of 2 new GPs and an Advanced Nurse Practitioner. We are pleased to report that from September 2016 the practice will be able to provide the local population with 50 – 52 GP sessions a week and will no longer be reliant upon locum clinical staff. This should increase the availability of patient appointments and improve the overall patient experience.

On the day appointments with a clinician continue to be available for patients morning and afternoon five days a week. However the surgery does recognise that there has been some irregularity regarding the number of emergency appointments available each day due to clinical capacity. With the addition of the newly appointed clinical staff this imbalance should resolve. From September 2016 a consistent number of on the day appointments will be made available from Monday to Friday. It is worth noting that on days when a high patient demand is expected we would anticipate a larger number of emergency appointments will be made available than on quieter days.

Currently at Mandeville Surgery the average waiting time for a routine GP appointment is 2 days, with emergency appointments being made available sooner. Further, the surgery aims to open for extended hours in the near future which will further help with the availability of appointments.

The Quarter 1 Performance report demonstrated that patient experience with the practice is improving month on month. The level of and severity of complaints and significant events are well within normal tolerance with no requirement for escalation.

Despite the success so far, the practice acknowledges that further work and development is required. We are satisfied that the new contractor is continuously refining processes and working patterns whilst building a robust team in order to provide a high level of patient care for its patients.

When speaking to the practice about these concerns, the practice was keen to extend an invitation to any representative of the council who wished to visit the practice, if this would be helpful. Similarly, please do not hesitate to contact the CCG should you have any further concerns or queries regarding this or another practice in our area.

Yours sincerely

Helen Delaitre
Head of Primary Care
NHS Chiltern and Aylesbury Vale CCGs

Southern Health NHS
NHS Foundation Trust

21 July 2016

Dear Julia

CLOSURE OF THE RIDGEWAY CENTRE, HIGH WYCOMBE

I am writing to follow up on your email of 29 June 2016 – which advised that Cllr Brian Roberts, HASC chair, had no objections to our plans to close The Ridgeway Centre in High Wycombe.

Following consultation with yourselves and also with Oxfordshire HOSC, I wanted to inform you that the Trust has now made the decision to proceed with the closure of The Ridgeway Centre on 1 September 2016.

This decision was reached after communications with the people who use our services, their carers, our staff and local patient groups. This included letters, information leaflets, easy read documents and the offer of a meeting for those Oxfordshire people (and their families) who had had an inpatient stay at The Ridgeway Centre in the past year.

As detailed in my briefing paper, the decision has been made in light of the wider planned changes to learning disability services across Buckinghamshire and Oxfordshire. Specifically to protect the safety of our patients and to ensure the highest quality care for the people we care for in the long term.

Importantly, the number of learning disability inpatient beds being commissioned and provided for Buckinghamshire and Oxfordshire patients will remain unchanged. The change is simply *where* these beds will be provided in the future, to ensure the safest and best possible care for people when they need a specialist inpatient stay.

If you'd like to further discuss any aspect of The Ridgeway Centre closure, please do call me on 01865 228090.

Kind regards,

Donna Schell
Oxfordshire and Buckinghamshire Learning Disability Services
Southern Health NHS Foundation Trust