



Reading
Borough Council
Working better with you

HEALTH AND WELLBEING BOARD

21 JANUARY 2022

ADDITIONAL INFORMATION

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READING BOROUGH COUNCIL

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21 JANUARY 2022

QUESTION No. 1 in accordance with Standing Order No 36

Francis Brown to ask the Chair of the Health & Wellbeing Board:

GP Appointments

Anecdotal evidence indicates that some patients are still finding great difficulty in obtaining GP appointments.

Patients on certain continuing medications are periodically asked to attend a medication review appointment. However, some are finding that they either cannot get through by phone to their surgery at all or have to wait several weeks for such an appointment, during which time their medication is exhausted.

The system of medication reviews is intended to reduce risk to patients - however if it entails long delays or complete abandonment of the medication, the risk to the patient may well be increased.

How can this paradoxical situation be sensibly resolved?

REPLY by Andy Ciecierski (Vice-Chair) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

No medication should stop just because a medication review has been missed at the expected date. The annual review is guidance of good practice, not a stop/go for medication being issued.

Frequently pharmacies will advise patients their medication review is due and cause patients a lot of stress that it has to be done otherwise the medication cannot be issued. That is poor information. The patients then get stressed they cannot get an appointment in time. Medication is not stopped because the medication review date has passed.

Some long-term medications need an annual review for blood tests to ensure safe ongoing prescribing. Some blood testing may have slipped past a year during the Covid pandemic due to reduced capacity of blood taking appointments. Recently, in August and September 2021, they were delayed due to blood bottle shortages. GP's have still prioritised bloods in those patients that need them, especially Diabetic patients. All General Practice is working to catch up with these blood tests.

Many medication reviews can be done online via a request on the Practice website, via a text message consultation, or over the phone. They can be done by a Clinical Pharmacist, not just a GP.

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People's experiences of the Berkshire West Urgent Community Response service

October-November 2021

Questions

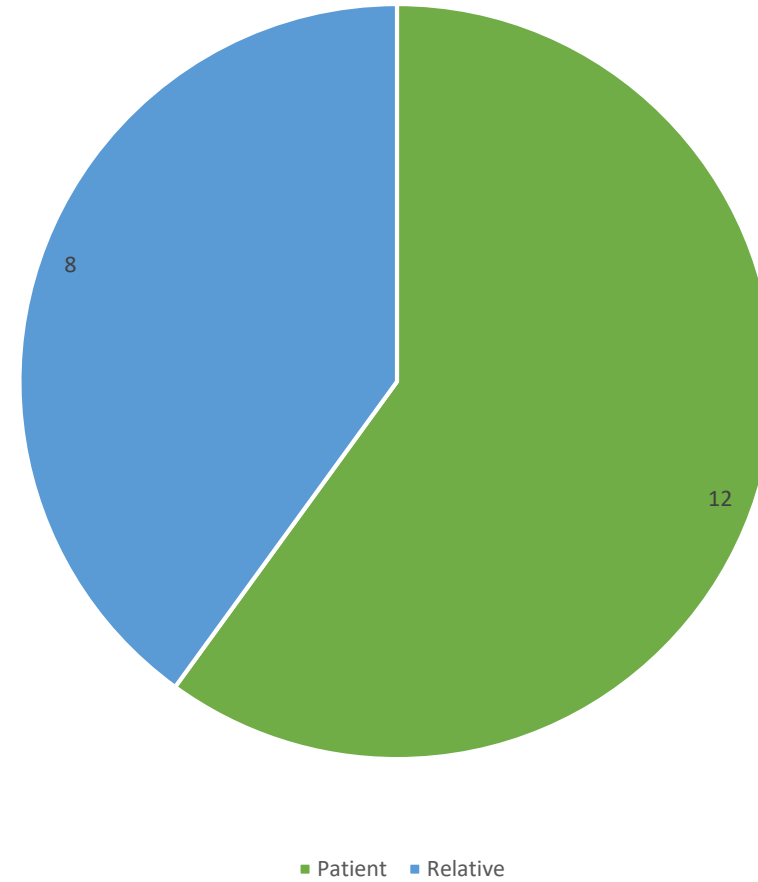
1. How soon after the referral or problem did you get a visit?
2. What kind of help were you hoping to get from the visit?
3. What happened during the visit?
4. What did you think of the care you received during the visit?
5. Is there any other feedback – good or bad – you'd like to give?

Participants

- 50% of those contacted took part in an interview
- Nearly all 65+
- Gender:
 - Male - 9
 - Female - 11

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Status of Interviewees



1. Response times

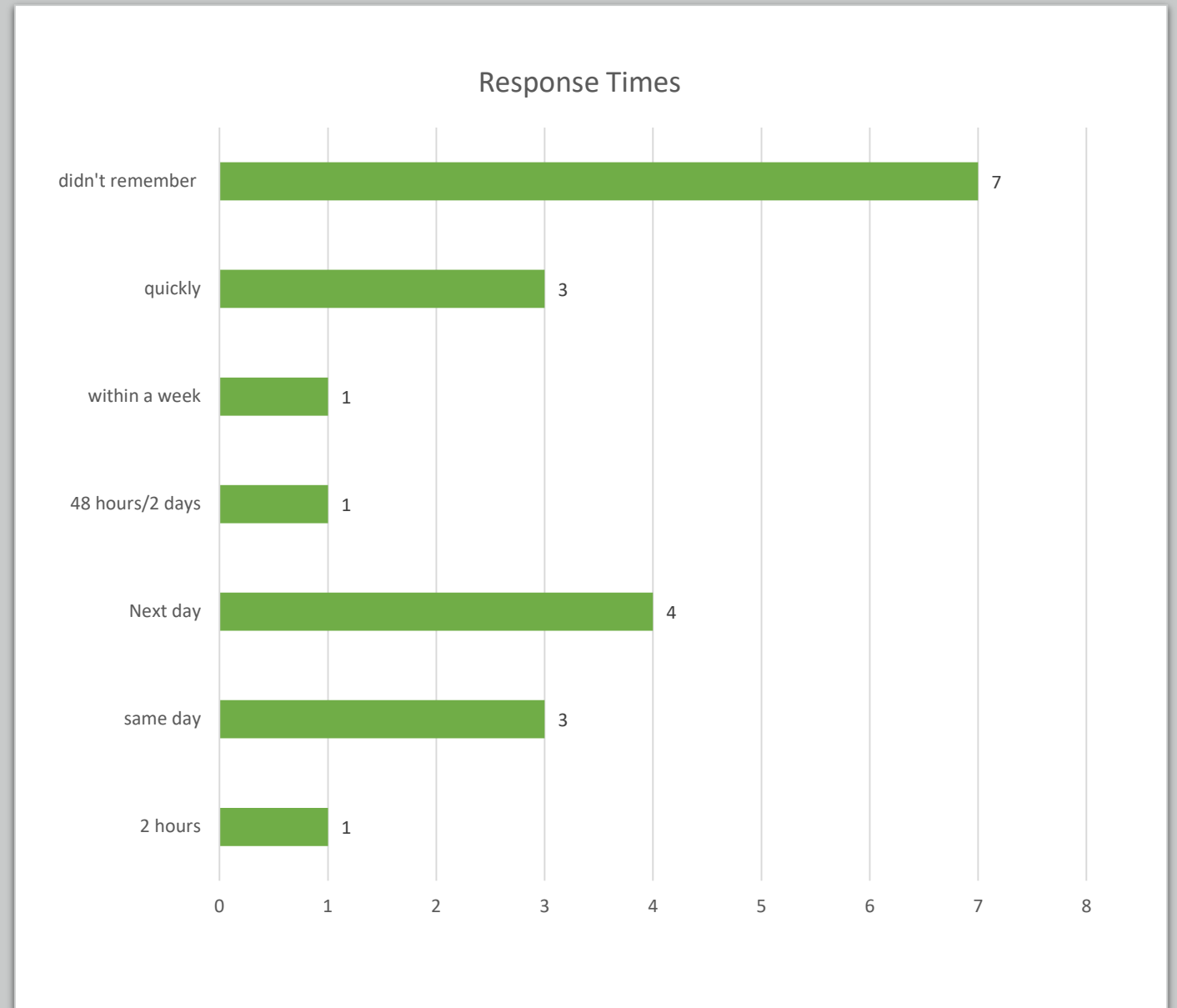
Service users interviewed were on the following pathways:

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2 hour pathway = 12

2 day pathway = 8

“It was the same day, amazingly.”

“I had the accident at midnight...and I’m sure it was the following day when two nurses came.”



2. What kind of help were you hoping to get from the visit?

Awareness of the service was low

Very few people understood the UCR service

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“I think it had the word ‘urgency’ in it.”

“ I haven't got a clue, really. The doctor said I obviously needed the help.”

“Because I was in a bit of a confused state, I didn't actually realise that she could do more for me than just look at me knee.”

3. What happened during the visit?

“[The physio] helped me and explained things to me...she came back with something for me to roll so I can roll my fingers.”

“They asked a lot of questions about my mobility and things like that....the building...about safety.”

“When they came to see me, a lady came in and said, ‘I’m the community nurse. I’ll be coming for a week and then the carers will just carry on until such times that we can sort out what’s going on’. There was another lady as well and they sat in a chair, talked me through everything.”

4. Quality of care

“She was superb, she covered everything and more, she was very, very sympathetic. She was extremely caring and in fact she’s the best person to send out because she does understand the situation, she takes time, she listens, she makes notes, she takes everything seriously and I felt so relieved.”

“In general, honestly, they’re fantastic.”

“Very nice....very polite. Did all proper protection. They brought their masks and they did everything they should be doing. They were brilliant.”

“They were excellent, very, very good, very impressed, very prompt, very courteous and clearly very professional.”

Concerns

1. Vulnerability of service users
2. Prevention – safety of those living alone
3. Handover to services and integrated working
4. Supporting unpaid carers

“...did not know whether I had options to continue the service as I was told to go back to my GP. I was still unwell as was hoping someone would see me again”

A man in his late 70's lives alone in his home. He has a neurological condition and had a fall 3-4 months prior. He had a fall in the middle of the night.

“I aimed for a chair and fell over, didn't get the edge of it. I thought all I've got to do now is get in my proper chair. But I didn't have the strength to lift myself up on the chair properly. I was like that for an hour and half. My head was sort of buried in the cushion. In the end I managed to turn around but it was still in a very uncomfortable position,”

He said the 'Wheelie' left by the UCR Team would be 'back-up' rather than something to rely on all the time. He really wants to go out into his garden but he can't get any shoes on because his feet are swollen.

“I'm obviously not safe, especially now.”