
Annual General Meeting (AGM) Questions

22 September 2021

Are there any plans to make significant improvements to the Children and Adolescent Mental Health Services (CAMHS)?

Julian Emms, Chief Executive, replied:

The waiting list for children is around neurodiversity (ADHD, ASD assessments), which has been a problem for us and an issue nationally due to underinvestment and a significant rise in demand. We've worked hard and have received additional income from the clinical commissioning groups (CCGs), who are effectively providers with the money to do that.

Across the county, we hope to see our waiting times halved in the next 12 to 18 months. The only issue that is slowing this down is the shortage of the workforce, so recruiting for this is a challenge. However, we've been able to use the private sector to be able to do some of the less complex assessments online.

We're working through that waiting list at a rate that we've never been able to before. Additionally, we've seen the demand for those assessments double in the last five years.

I agree, it's an unacceptable amount of waiting times, and we're working towards managing to get additional resource to overcome this challenge over time.

Was CAMHS looked at by the Care Quality Commission (CQC)?

Julian Emms, Chief Executive, responded:

Yes, CAMHS was looked at in depth. There are lots of components that make up CAMHS, and some are very responsive. We've now got a day hospital service, and waiting times for anxiety and depression, are relatively short within a school term. It's mainly the ADHD and ASD assessments that are taking a long time.

The CQC's assessment of our services, taking safety and effectiveness, were considered, but they weren't as responsive as they could be for CAMHS. However, the CQC recognised that this wasn't an issue to be fixed by Berkshire Healthcare, and it asked commissioners of the CCG and local authorities to play their part.

They rated CAMHS 'good' overall, and acknowledged the waiting times in ASD and ADHD, which was recognised that there needed to be a system-wide / national response to that.

At what point will GP services return to 80% face to face appointments?

Julian Emms, Chief Executive, replied:

I can't answer that question in detail because Berkshire Healthcare does not run day time Primary Care Services.

However, what I can say from meeting with Primary Care is that they're looking to get the balance right. There isn't a particular figure (e.g. 80% as you mentioned), but they're looking to make sure they get the right appointment for the right condition and the right person.

There has been concern and emphasis on this in the media recently, but Primary Care is seeing more patients than they were before the COVID-19 pandemic, due to offering a mix of virtual, telephone and face to face appointments.

The Clinical Commissioning Groups (CCGs) and GPs will be able to provide a more recent and thorough update on this topic.

How is Berkshire Healthcare dealing with the shortage, particularly physiotherapy? Is there a plan to recruit and train internally to future proof this shortage?

Alex Gild, Deputy Chief Executive, responded:

We're aware of the retention of our workforce. When people join us, we develop and create a clear career pathway for them, because we think it's critical given the supply shortage of workforce across the board, including physiotherapy.

We're taking a more creative and innovative approach to developing and communicating a career pathway for our therapists, as it's going to be key to the future of our workforce risks, and this can mean creating new specialist roles within Berkshire Healthcare.

Often, therapists will get to a certain point and a certain banding of salary and cannot go beyond because there aren't any other roles available. So we're looking very carefully at how we can improve retention with a clear career pathway.

Julian Emms, Chief Executive, added:

In addition to the above, I've had conversations internally with physiotherapy, and what particularly stood out was about career opportunities.

I spent some time with the Community Specialist Service, where there's an opportunity to continue to practice clinically at Band 8a or 8b – which are senior clinical posts. They have posts where there's a lot of autonomy, and interestingly, that was a new service where patients might traditionally have been seen in a hospital, but the first point of referral is to our Community Specialist Service.

So, in addition to what Alex mentioned, I think if we're able to develop a more specialist service, we'd be able to see better career pathways for people, which would also help with retention.

Recent research has shown evidence that neuroplasticity after a stroke is retained for up to three months. Does the current physio regime for stroke patients take full advantage of this window?

Lisa Rowson, Specialist Occupational Therapist in Neurology, replied:

Our early supported discharge team see patients straight away after we take them out of the acute, so there's a continuation of treatment. We're able to see them for six weeks for that period, and we also have our community based neuro rehabilitation team that they can be referred to for further treatment.

We do take advantage of the neuroplasticity in the early period, and we also provide training and education so that our patients can continue with the rehabilitation themselves.

In clinical practice, we see evidence that the principle of neuroplasticity extends beyond three months, and this principle is embedded in practice.

Are there any plans to expand your full services to the patients of East Berkshire?

Lisa Rowson, Specialist Occupational Therapist in Neurology, explained:

East Berkshire has the early supported discharge team for stroke that runs for six weeks, but it doesn't have the community based neuro rehabilitation team for all of the neurological conditions. Lisa Ellis, Service Manager for Neurorehabilitation, has been looking at the potential to develop this for a number of years. The current work with the Integrated Stroke Delivery network is mapping gaps in services with a view to all patients having equal access to services. As a team, we're fully engaged in this process.

Jayne Reynolds, Regional Director for East Berkshire, added:

It's a piece of work that is being looked at across the system, and ensuring that Frimley Integrated Care System (ICS) is consistent in terms of its stroke offer and neuro rehab offer. There is a lot to learn from the West and to begin rolling that out.

What is the number of young people that are currently waiting for this service (CAMHS)? Also, what is the criteria to be accepted in the programme?

Louise Noble, Head of CAMHS, responded:

We don't have a waiting list yet for young people. So far, we've been able to plan admission for all the referrals that have been deemed suitable.

The criteria to be accepted is the same as the national criteria for CAMHS inpatient care. They're laid out in a national service document, you have to be suffering from acute mental illness, rather than something related to drug and alcohol difficulties. There are more specialist units available to support young people who need secure care, or need care because they have mental health difficulties, relating to learning disabilities and autism. We don't provide those services, although we support access to those services.

In addition to the national criteria, young people need to be consenting to come in to our service. We need to be confident that the risks in terms of self harm and suicide can be managed safely, while we have them at home overnight.

