# Have your say and influence the health service

## Delivering Inclusive Services in the NHS

**An event for voluntary and community organisations and service users in East Berkshire to find out about the new NHS Equality Delivery System (EDS)**

**THURSDAY 7 JULY 2011 9.30 A.M. – 2.00 P.M.**
**THE CENTRE, FARNHAM ROAD, SLOUGH**

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# HAVE YOUR SAY AND INFLUENCE THE HEALTH SERVICE

**Facilitated by**: Slough Council for Voluntary Service with assistance in preparation from Slough LINkS

**Attended by:** Please see Appendix 1 for the 49 people who signed in.

## Summary of the session

You are invited to read the Closing Remarks by the Chair for a succinct summation of the day.

The workshops produced a huge variety of comments and suggestions by the delegates all of which are reproduced below. The considered approach and thought that has gone into so many of the comments reflect the depth of passion and the value placed on what is largely considered to be a British institution.

The importance of the right type of consultation was highlighted as was the need for clinical (and not just administrative staff) being involved in such consultations. Great interest was shown in what will become of the GP consortia.

There was a lot of goodwill and a great willingness to share experiences, ideas and opinions – just what was hoped for. The meeting could have gone on longer and the energy they put into the workshops was very impressive.

By the end of the session there was a desire to take things further and also to closely monitor the progress of the EDS.

## The story of the day

The day began with a **Welcome** by Sally Kemp, Chairman, Berkshire East PCT who introduced both **Speakers**:

**Ludlow Johnson** from the South Central Ambulance Service and
**Ramesh Kukar**, Chief Executive, Slough Council for Voluntary Service.

**Ludlow** presented a very interesting and well received presentation on the background, purpose and scope of the Equality Delivery System. He explained the Analysis of Performance and the RAG rating as well as how these fitted in with the Annual Plans and the local objectives and priorities. Ludlow concluded with information on the timeline for the Equality Delivery System. Ludlow's presentation is attached.

**Ramesh** spoke about the voluntary sector perspective and their ability to reach the 'hard to reach to reach groups' and the more disadvantaged people in East Berkshire. He explained the role of the sector and the importance on consultation (but not over consultation) in the delivery of information to and from the sector. Consultations such as today are an excellent interface between users and carers and the providers in the NHS.

A brief **Question and Answer session** covered queries on

- the issue of 'data harvesting' and how this information will be used was raised.
- Several questions were raised by members of the Slough LINKs around the issue of scrutiny. Delegates were aware that HealthWatch will not be up and running by January and maybe not until 2012. Bearing this in mind people wanted to know how will the Equality Delivery System be monitored and who will report back to tne NHS on its effectiveness? The reply was that there would be an Overview Scrutiny Committee.
- The budget – where was the money coming from?
- A delegate wanted to know if there were any pathways for dealing with inquality before things happened and requested more emphasis on prevention. Although the question was not responded to directly the NHS acknowledged that such questions illustrate the involvement of the sector in monitoring and reviewing the Equality Delivery System and acknowledged the right to raise such questions.
- A final point was made about using the sector for consultation and how difficult it was to strike a balance between too little and too much consultation.

**Sally Kemp**

**Ludlow Johnson**

The next part of the day was the first workshop

## Workshop 1: How well is the local NHS doing on Equality ?

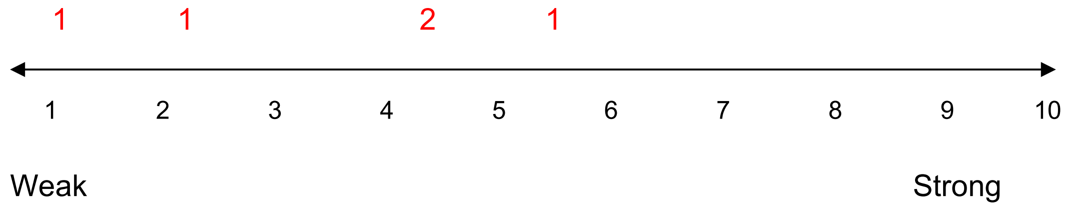
As a benchmark and to see where we are now a straight line was drawn on a sheet of flipchart paper (one on each of the six tables) and those on the table were asked to mark on a scale of 1 (being weak) to 10 (being string) how well they felt the NHS was doing on the issue currently.

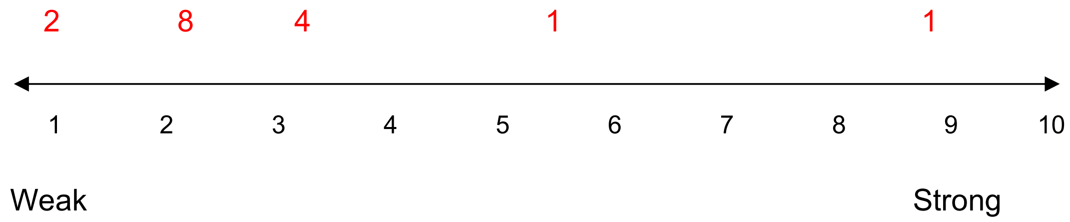
The number above the lines indicate how many people at a table considered how well the NHS were doing. The graduated scale is below the line.

As is illustrated below most of those present did not rate the local NHS highly in this respect. This confirms the statement Ludlow made in his presentation. Indeed the 2 statements underneath are there because the feelings were so strong and people asked for those comments to be included in the report.

## Exercise 1: Rating Exercise

- 1- Poor communication between services and service users and families.




- 2- Transport- mental health in Ascot prospect park

## Exercise 2: What do you think needs to change?

This exercise was about making people focus on all aspects of the NHS and their delivery of equality. As noted the list of what doesn't work is longer than the list of of what does – but not much longer! Both sides are also very diverse and make really fascinating reading and much food for thought. The interesting issue here is how some people rate the NHS as good in a certain respect while others do not e.g. caputuring on data on ethnic minorities

| What works | What doesn't |
|---|---|
| • Partnership working (NHS and voluntary sector)<br>• King Edward VII > diabetes centre (give choice)<br>• IAPT<br>• Age concern projects- toe nail cutting service, hospital advocacy and home from hospital service.<br>• More staff equality and diversity training courses.<br>• General acceptance in the NHS for need for quality and things need to change.<br>• Effort to have text in different languages.<br>• Good in the community - aim to keep people out of hospital.<br>• NHS openness for requests for assessments. If this fails there is recourse to re-dress system.<br>• Capturing more data about various ethnicities- different communities have different health issues- staff need to have this understanding- cultural differences.<br>• Good attitude towards elderly patients.<br>• Trying different modes of communication for example a deaf person (not just verbal communication).<br>• Treating patients with respect<br>• Dignity of patient.<br>• Working with voluntary sector organisation, which have good relationships with secure | • Use of information from other sources.<br>• Reforms (NHS)<br>• Discharge care plan- is this happening consistently?<br>• Choose and book. (needs to be suitable)<br>• Waiting too long for appointments- hospital and GP's.<br>• GP's-never see own GP and queuing for appointment.<br>• Hospital appointment - peak hours- no transport.<br>• Capturing data about ethnicities etc.<br>• Access to text in different languages.<br>• Communication about care to patients by different staff when the language is different - consultants and nurses.<br>• Problems with communication communicating to deaf people.<br>• Mental health- no support for them when dealing with their physical care- no awareness from clinical staff. Holistic approach not taken.<br>• Direct context with minority- stereotyping.<br>• Shared gender wards (mixed)<br>• Staff find it difficult to disclose health problems |

| | |
|---|---|
| users, to provide additional support and allow for better communication and overcome issues of trust.<br>• Some services responsive, taking needs into account.<br>• Better provision of variety of food but more balanced food needed.<br>• Areas of worship but maybe it needs to be made clearer.<br>• Research<br>• New bus links to Wexham<br>• GPs are good<br>• Diabetes eye care<br>• Mental health- low level referrals and very quick assessment.<br>• Diagnosis of Asbergers.<br>• Emergency help and advice- walk in centres and access to advice without having to get to hospital.<br>• Paramedics- response, care and follow up.<br>• Out of hours GPs<br>• Audiology | such as M.H. (reasonable adjustments made.)<br>• Accessibility for disabled patients.<br>• Diagnosis/assessment for mental health patients.<br>• Assumptions made about patients.<br>• Positive discrimination<br>• Nurses mumbling- not clearly saying persons name.<br>• Carers need to be taught how to use equipment properly.<br>• If a deaf person falls asleep they may miss out on meal time as the staff only shout and not any other way of communication.<br>• Nurses busy, do they have enough time to ask if someone on the ward needs to eat.<br>• Different points of access needed. E.g. covering different times, methods of communication and access.<br>• Thorough assessment of needs.<br>• Where barriers exist (e.g. language, culture) more time may be needed to really understand issues.<br>• Cultural needs not always taken into account and provided for.<br>• Lacking in human touch to help people feel at ease including vulnerable groups.<br>• Better communication and information sharing. Including feedback following consultation.<br>• Parking charges.<br>• Accessibility of buildings.<br>• Preventive healthcare and dentistry- doesn't happen.<br>• NHS dentist- multiple referrals/cost. |

| | |
|---|---|
| | <ul><li>Heatherwood- nurses' English not good enough.</li><li>Adult ADHD provision is non-existent.</li><li>Pharmacy- depends where it is..</li><li>Respect and asking for info from patients.</li><li>Long waiting time- how does it compare?</li><li>Location of hospitals- Bracknell.</li><li>No after care - strokes</li><li>Wexham-maternity ward, nothing on offer- very bad</li><li>Data protection issues</li></ul> |

Following on from the above we asked people to tackle the issues they highlighted above as not working. They responded as undernoted with a large and varied suggestion 'box'. Most of this is what we would expect

## Exercise 3: What can the NHS do better to ensure, fair accessible services for all?

- Consider socio-economic background.
- Listen better to patients.
- Do not expect the public to understand the NHS's processes and care pathways.
- More transparency about who is being treated from where and who is paying for it.
- NHS orgs/ FTs should be organised from bottom up not top down. (decision makers need to know whats going on).
- Not big policies from top that won't reach front line.
- Core principles of NHS need to be considered.
- Mutual responsibility.
- More local services. ie, blood tests in the community- accessibility.
- GP's appointments. eg. Prority for carer's; make regualar appointments.
- NHS doctor's should be either NHS or private - not both; increase demand.
- Group of practices (specialism for each) - more access.
- Person centered plans - using data as an opportunity.
- Staffing levels in hospital.
- GP's spend longer with patients- link with hospitals re: patient assessment.
- Champions and specialists eg. For dimentia, diabetes.
- Cutural preference: patient choice around treatment by clinician.
- Train catering staff in basic BSL
- PALS/ mentor to help patients (visibility of PALS)
- Use hospital volunteers?
- Meal time support for patients?
- Train volunteers?
- Engaging groups to contact the community not the trust directly.
- Cross-learning/ shared best practice from all groups not just one section.
- Combination of individual and group input/ representation.
- EDS has to have ethnic/different community representation and advocacy- LD, MH.
- Collective working with openess
- Openess about the consultation process.
- Need better communication about how to get involved in the first place.
- More accessible building; including more parking.
- Abolish parking charges
- Provide transport for vulnerable groups; elderly.
- Taking peoples circumstances into account
- Better interpreting services- community contact needed to support this and possibly provide interpretation. Including communication with families at the level they need.

- More advertising of services and productively engaging with general public including schools, supermarkets and shopping centres
- Bilingual practitioner, where possible providing healthcare in first language of prachtioner and client.
- Providing alternative methods of accessing services eg, drop in centres for people who don't have GP or don't want to go to GP.
- GP catchment areas could be relaxed. eg. Where someone doesn't speak English could register with GP in nearby area who speaks the same language. Or wheelchair ramps in a surgery outside catchment area for someone using a wheelchair.
- Having regular meetings and feedback to and from NHS to communities and general public in variety of languages and formats.
- Dentist services very costly even if GP refers to dentist; same with opticians.
- Patient needs education - what they can/cannot expect.
- Transport
- Free dentistry - very costly, people avoid using especially when older.
- Interpretation (free)- not doing it at midnight after hours- no longer provided.  For certain languages not provided.
- Rights of over 60/65- send them their rights what they are entitled to.... and basic information on services.
- Better training for staff- customer care, courtesy, putting yourself in patients position, compassion.
- Mental health- stop closure of local services in East Berkshire.
- BME nurses and doctors need cultural competence regarding UK culture. eg, sexism.

After a brief comfort break the second work work commenced on:

### Workshop 2: How can we make the EDS work in Berkshire?

## Exercise 1: Looks at two EDS objectives –

#### Everyone gets more help with their health

In order for this to happen certain things are needed -

- Good assessment process at earliest/ GP stage.
- Holistic approach needed.
- More awareness of MH care from GP's- often missed. GP's could ask patients about their MH (has been done in Bracknell- training)
- Clinic and GP's for MH (screening, physical health+ MH health check)
- To realise that this is now a more important issue now that GPs' become commissioners (will need to be more resourceful)
- GPs' refer patients on to other orgs depending on their criteria.
- GP referrals to hospital- nurse sees the patient first not the consultant- have to pass this stage before seeing consultant if neccessary. (could be a nurse consultant).
- Clear processes about referrals from GP to consultants and GP to another consultant.
- Be pro-active
- Prevention/understand "expectations"- of care and treatment.
- Better health outcomes for all- what is "normal" for age groups- commission right services.
- Response of individuals has to be healthy
- Partnership working- voluntary sector and more working together.
- GPs' not asking "how do you feel?" not just clinical.
- GPs' should do more preventive advice. e.g. evening workshops on cardiology etc. Can voluntary organisations do this?
- Doctors should be more open/ give more patients options.
- Everyone's different needs should be met. Assessing people needs effectively including sharing with other people.
- Better communication to ensure assessments are not repeated, working together and sharing information, smoother organisation. NHS working together as one organisation/ service. Smoother journeys through services.
- Using information to plan meetings between managers and patients- include patients in regular meetings, invite different people each time to inform/ feedback on services.
- Evaluation forms.
- Information at temples, community groups, schools cafes etc
- Information given- blanket approach- leaflets given in different languages.
- Information stalls.
- TV, advertising campaigns and radio in different languages.

- Educational lectures in different languages.
- Public health lectures regularly in different languages- providing opportunity to ask questions.- can't be organised from voluntary sector, needs to be from statutory sector- but voluntary sector happy to help with invites and getting communities involved.
- Could have elected community link people with services to share community views, feedback on services, communicate.
- Evidence assessments, ensuring that they are carried out routinely.
- Building a good relationship with patients to allow them to feel comfortable sharing their views on our services.

### Patients get better services and are happy with how they are treated

- What does this look like? No. of patient - some measure.
- User groups asked - how satisfied are you? Over the course of the year.
- Feedback- user satisfaction surveys- compulsory? Especially with dentists.
- Pets should be allowed into hospitals
- Take home the satisfaction survey- free post.
- Accessible - for sensory disability.
- Nurses, healthcare assistants- collect feedback from front line staff.
- Needs to be some thought about EDS process at the beginning before tailoring treatment
- Holistic versus physical care – needs to be a dual approach to care.
- Preventative care is better – advice on getting healthier, eating better, exercising, smoking cessation.
- Referrals – have to wait until you become a priority case before you are treated. eg. physiotheraphy
- NHS has been a re-active organisation, now has to change to become pro-active
- Patient choice – recognising the patient has a choice about talking through their care with a doctor and are listened to rather than just told how they will be treated.
- Timescale of NHS changes – continually making changes
- GP and patient relationship is very important. GP will know the financial implications of their referrals.
- Foundation Trust will oversee the GP's expenditure.
- MH - Social care services. Personal budgets given to those deemed critical. People are moved between primary care and secondary care but there is nothing in between. NHS/holistic care is damaged as intergration has meant people in crisis do not get help.
- Choice of hospital to have a treatment. GPs will provide list of hospitals with waiting times – "Choose and book" Can choose depending on performance and/or waiting times.
- Ensure patient gets more information about the services, their treatment – better communication required.
- Things to impove - Single sex wards, not share accommodation.

- Staff training: appropriate to individual need.
- Public information and community training.
- Direct communication between front line staff (doctors and nurses) and various community groups. Community champions?
- EDS policy needs to be drafted by these front line staff so the policy doesn't get lost.
- Public behaviour in NHS services kept in check.
- Primary consultation with people who normally don't engage with consultation, needs to be included in EDS (visual displays, clubs, age concern, schools)
- Using patient groups to disseminate  EDS and feedback.

## Exercise 2:

## How would you like to be involved in the EDS delivery system?

- Making sure you give feedback from today to us/ attendees.
- Consultation with public on the street - using volunteers to consult face to face. Using stakeholders to lead on consultation with hard to reach groups.
- Including EDS questions on patient questionaires (using resources already available)
- Central means of consultation for rating EDS (GP consortia?). So several organisations are not engaging separately with overlap in what they are asking from the public.
- Online survey
- Evening/day consultations
- Short survey (tick box)
- General public- press and radio.
- What's in it for me?/ for my community?
- Ask some questions of EDS to staff/doctors/nurses.
- Incentivise?
- Helping the NHS to organise regular events in community settings to get feedback and share information about EDS and ratings- give this back to the EDS.
- Community should be doing rating, through existing networks- such as CVS, groups sharing views and coming to a joint decision.
- Rating carried out by a variety of people, community link people, spokesperson nominated, equal rights should be a mixed group with everyone included.
- Invite wide group of people to be involved so everyone has a chance to have their say.
- Include feedback from staff. eg, meetings with patients, GPs, etc to get comprehensive spectrum of views, sharing of views.
- Variety of forums. Eg. Meetings, events and also electronic methods.
- Spilt Berkshire- Berkshire West
  - Berkshire East
- What works- parish council and forums.
- Need to address each local authority area and each community.
- Newsletter- your opinion/ vote.
- Faith groups.
- Everyone looks at evidence
- Representative group then vote
- GP patients should be asked to vote.
- A report with a description of each separate service, hard data which we can then rate each serivce upon.
- Users only should be asked for opinions.
- People who are rating need to read evidence.

- People who are isolated- extra effort to consult.
- Hard data- complaints in a report - raw data useful.
- NHS staff- need better communication in English- accents a problem, part of job requirement.
- Promote disability and deaf awareness
- Use Slough Borough Council.
- Look at using networks and up to date information: online data collections/ communcations.
- Using mobile phones/ tests for deaf people
- Make lots of people aware of it: raise awarenes of the EDS
- DVD on the EDS with subtitles.

## Exercise 3:

## What are the top 3 things you think exclude people from receiving healthcare provision?

Lots of topics were duplicated e.g. access, dental costs, transport and appointments but below is a compelte list of suggestions

1. Culture
2. Mental Health
3. Knowledge/Education – lack of understanding of how the system works and how to go about getting help
4. Previous bad experience of a service
5. Access – travel, disability, distance to hospital, transport and parking and paying for parking and general lack of flexibility
6. Fear
7. Lack of co-ordination
8. Top heavy management
9. Constantly changing policies
10. Reduced staff levels and reduced funding
11. Accessibility to GPs and not being able to see the same GP all the time
12. Dismissal of of symptoms of other health issues if you are obese, elderly or have mental health issues.
13. Valuing patients – people not just to be processed
14. Cost of dentistry
15. All the 'isms' – not person centered
16. Lack of foresight of the NHS into joined up working, community engagement and support and a lack of referring. Healthcare is not only delivered by GPs or hospitals – the voluntary and community sector play a vital role which is not supported enough and which couldl make an enormous difference to planning, financial benefits and economic strength
17. Lack of understanding and empathy for individual needs. This is added to by issues around vocabulary, jargon and language
18. Waiting times/llists
19. Too many prejudices/judgemental
20. DVD for deaf people with signing/subtitles
21. Simple visual DVD with simple words for people with special needs
22. Allow patients to bring thier equipment for their medical conditions to the hospital
23. Appointment systems – GP appointments are very hard to get
24. Lack of communication and administration at both GP and hospital levels
25. Lack of resources/ budget controls e.g. money for stroke aftercare, physiotherapy
26. Care support service for disabilities
27. Translators
28. Poor or late medical assessment
29. Inadequate or inefficient clinical pathways in hospital/clinic

30. GPs should give people more time to listen to them. General lack of GP support
31. Lack of correct information
32. Feeling that "my voice doesn't count and no-one will listen to me anyway!" This is a commonly heard comment.
33. More notice of events.
34. Staff training at ground level and assessment of services from bottom up i.e. sort out cleaners, health care assistants, staff issues etc. More transparency on how many managers and non medical staff and what they do.
35. A general disconnect of so many between clinician, people and professions

**Throughout the course of the day delegates were asked to place their comments about different aspects of NHS services of the flipcharts placed on the walls around the room.**

The comments received were as follows:

**Royal Berks:**

- RBH needs to address the issue of people commiting suicide from its car park. Should not dismiss this in terms of prevention.
- Should listen to Berkshire Mental Health User Group.
- Need dedicated support for people with mental health issues when engaging with RBH services as otherwise people may disengage.
- Mental health awareness should be indentified as training for staff so they can pick up depression etc when using "physical health" services so people get help and also physical health will be better for this.

**NHS Berkshire- Dentists, GP's, buy all health services:**

- Gender arrangements- what happens to individuals to ensure treated as they wish not has "Staff" label them.
- Make GP's more aware of Mental Health and diagnose it and find the right help for people.
- Provide Mental Health clinic like diabetes clinic etc.

**Heatherwood and Wexham Park Hospital:**

- Have had experience with rude/patronizing doctor at Audiology who humiliated my condition/ still did not have a result with him.
- Fair- nurses need to call name and check first especially with a deaf person or a person with learning disabililties.
- Heart condition-PAF- diagnosed 2005- referred to cardiac clinic - (already attending cardiovascular risk clinic at St.Marks since 1995/6)- discharged from both 2008/9- should be called to attend cardiac clinic at GP's surgery each April. Attended 2010 for "an annual assessment" by nurse practitioner. Now 7th July 2011 and still waiting for an appointment. I believe 15 months for a heart patient is too long a wait!
- Wexham Hospital equipment November 2010 - Sleep Apeonea sufferer need bring her machine- nurse try to give her tube on her nose which did not have socket for her to put plug in in private ward - had to go to ordinary ward.

**Berkshire Healthcare Foundation Trust- community health services and mental health services:**

- GPs need a better knowledge of syptoms of mental health. My experience is that older GPs still have an attititude that it doesn't exist. My partner was only diagnosed as the GP he visited was a trainee GP and had spend a year previously on a mental health ward. My experience of mental health in Berks West has been appaling due to professionals not listening to us. They have created

a plan that is not suitable for my partner. We stressed to all professionals that he couldn't do group therapy due to anxiety - but still signed him up! We are now looking at private therapy- something that we feel we shouldn't have to pay for but have no choice.

- Better support and advice for people in the process of being diagnosed with a mental health illness.
- Lack of communications between different professionals- need to be improved to hurry long the diagnosis.
- Physical health checks- monitored that they are actually done not just have forms....ie, signed off an checked off on system..
- Address transport issues for those with physical disabilities travelling to hospital.
- Provide people who are deaf with BSL advocates where asked for, including IMHA.
- Offer a women's only ward to address issues for those experienced domestic violence and for race and cultural needs.

The final **Question and Answer session** covered the following:

***Comments***

- EDS need on-line reporting not just small meetings with a few people attending.
- Ratings systems to be fed back by Healthwatch and the Health and Wellbeing Board, so GPs will have to take note of the EDS.
- Very difficult to get them to consultations/forums. In their interest to attend more often so they hear all views.
- There is a need to feedback widely and use the internet too. The same questions should be asked to health specialist at the same stage (there should be an opportunity for joint consultation, the professionals need to hear what we the public are saying

| Question | Answer |
|---|---|
| Need to consult doctor/workers about care delivery – needs to be a shared vision with frontline staff. | Yes this needs to be done. The GP Consortia (not in place yet) will be expected to engage in the EDS. At present they are learning their new responsibilities. At the next stage they will be invited along to these consultation meetings. The purpose of today is to get groups/ individual/local interest views. |
| How do I get invited to a GP/doctor led forum? | Right Care Right Place consultation were held, but not led by GP's. Consultations are advertised on the website and in newspapers |
| EDS ratings through | SLA across the area, not just Links. |

| | |
|---|---|
| Healthworks/Links – How is it going to be resourced? | Reponsibility will be with Trusts, lack of finance cannot be used as an excuse. |
| What will be the outcome from today? | First step is to get your views from meetings such as today, this exercise will finish in Autumn. This is a pyramid process and we will be working together with you to identify priorities and set ratings for measuring progress towards each priority. Next step is to engage with the public again (wider audience) for rating. The rating system is called RAG Rating was explained as following:<br>Red: Work not started<br>Amber: Some progress<br>Green: Excellent: |
| Can you provide more information on the process for example How, when, what will follow nationally? | Not specified yet – info collected at this event will be fed back to SCVS – Rating will be set by community and there is no chance for NHS to disagree with rating. Sally added "current system is long and cumbersome and hopefully the key factor about RAG rating will be that it will be short and specific". Ludlow added "Government wants NHS and local communities to work together". |
| Incredibly difficult to engage with public, how will you engage with all communities? | Hard to reach groups is a cliché; we want to make sure WE reach all communities. Ramesh Kukar added that in order to reach most of the public flexibility will be needed with regards to timing of events. |

## CLOSING REMARKS BY THE CHAIR

Sally Kemp, Chairman of Berlshire East PCT summed up the day by referring to the following :

- NHS has 9 characteristics to deliver and that's the challenge, not just age, race, sex etc.
- She will take away the report from today and consider it
- With less money in years to come ensuring fair access to service and prioritisation becomes more important. Can deliver 5 or 6 things that the groups think take priority not everything
- Need to get pyramid working well for consultations – NHS and VCO's

The main priorities that came accross today are:

- GP appointments
- Holistic care
- Causes of disability/MH
- Training – staff need to learn more about cultural/healthcare needs
- Culture – Public have to raise issues but there has to be better methods for people to raise them
- Care – making people feel less rushed
- Making people involved in healthcare decisions – if they feel involved they will feel better
- GP's at events – will encourage them to attend further consultations

Sally concluded by thanking all those who contributed to the day and confirming that the final report will be both seriously considered and made widely available.

## Appendix 1

## List of Attendees

| | | |
|---|---|---|
| Abrar | Stef | NHS |
| Ali-Noor | Ruffat | LINKs |
| Allen | Lorna | SCVS |
| Amvil | Banse | Berkshire Healthcare Trust |
| Ballantyne | Sharon | Berkshire East and South Bucks Women's Aid |
| Bamrah | Mala | Destiny Support |
| Boodoo | Hassen | Bracknell Islamic Cultural Society |
| Chandler | Pat | Slough Borough Council |
| Clarke | Mandy | SCVS |
| Cooper | David | PALS |
| Court | Doreen | LINKs |
| Davies | Beryl | OPF |
| Diver | Madeline | BFVA |
| Fernandez-Grandon | Isabel | Berkshire Healthcare NHS Foundation Trust |
| Flynn | Jacky | SCVS/LinKs |
| Fries | Brian | Bracknell Citizen's Advice Bureau |
| Gilbert | Jo | Berkshire Healthcare NHS Foundation Trust |
| Gill | Ajay | United Voices |
| Gray | Anjum | South Central SHA |
| Hasan | Attika | LINKs |

| | | |
|---|---|---|
| Iverson | Dawn | Volunteer Centre slough |
| Johnson | Ludlow | NHS |
| Kaiser | Shaheen | Slough CVS |
| Kamal | Sara | LINKs |
| Kelly | John | LINKs |
| Khan | Dr Henna | NHS |
| Kukar | Ramesh | Slough CVS |
| Lax | Elspeth | PiXiE - The PXE Support Group |
| McCaul | Jamie | Sunningdale Parish Council |
| McCurrach | Siobain | Arthritis Care South England |
| Niles | Eliot | Slough West Indian Peoples Enterprise |
| O'Brien | Carmel | Slough CVS |
| Ogles | Debra | Bracknell Forest Council |
| Pill | Colin | LINKs |
| Pincott | Penny | LINKs |
| Rebbeck | Clare | Age Concern Slough and Berkshire East |
| Rehman | Najeeb | NHS |
| Rose | Alan | Links |
| Salih | Ikhlas | Links |
| Severwright | Jeremy | Inspiration Mental Health Service Users Group |
| Sosi | Sinnil | ICAB |
| Soylu | Emel | Art Beyond Belief |

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|---|---|---|
| Smith | Jean | Retired |
| Sparrow | David | Art Beyond Belief |
| Squires | Arthi | NHS |
| White | Victoria | Berkshire Association of Clubs for Young People |
| Wilkinson | Jackie | PALS |
| Yusuf | Sahra | Berkshire Education & Youth Centre |