

Reading Patient Voice Group Draft Minutes

BOB Integrated
Care System

Reading locality

Treasurer: Jill Lake Information Officer: Tom Lake
Membership Officer: Tom Lake Data Officer: Francis Brown

1 Welcome and Apologies

Date	16 th October 2024
Location	Committee Room 4b, Civic Offices, Reading & online
Present	Laurence Napier-Peele, Milman & Kennet Catherine Mustill, Emmer Green Paul Williams, UHC Jill Lake, Pembroke Surgery Francis Brown, Balmore Park Cathy Cousins, Pembroke Surgery John Walford, University Health Group John Missenden, Melrose Surgery Douglas Findlay, Pembroke Surgery Geoffrey Million, Balmore Park Joan Lloyd, Balmore Park Tom Lake, Pembroke Surgery Tomiko Morley, UHC Simon Collard, Theale Medical Centre Brian Morley, University Health Centre Sunila Lobo, UHC Phil Lowry, UHC Shaheen Kausar, Western Elms Surgery Rosemary Cahill, Kintbury & Woolton Hill
Apologies	Monica Morris, Theale Surgery, Valerie Gardiner, University Medical Centre David Cooper, UHC Jean Boustead, Helena Turner, Milman & Kennet Mark Drukker, Longbarn Lane

NB: Matters arising indicated by an asterisk in the margin.

2 Report on Integrated Care Board Meeting in Public

Francis Brown: Our ICB is at risk of being unable to manage its finances. Risk of waiting times rising. A feeling of concern and almost despair.

The BOB area enters the "investigation and intervention regime" because at month 4 it incurred a deficit of £61M - as allowed for the whole year. This involves 4 weeks of consultants inspecting the books and the organisations - then 4 months under investigation to return to its allowed expenditure.

Also, SCAS (South Central Ambulance Service) paramedics can now see patient information from the GP surgery, not just

the summary record.

John Missenden: Not necessarily if the patients are out of area.

Francis Brown: For patients waiting over a year the trusts are making great efforts to treat them and can send them for treatment to other parts of BOB through the acute hospitals collaborative which has been set up under the ICB.

Sunila Lobo: Sovereignty of trusts is compromised. But it is a win for patients.

Paul Williams: There is pressure from centre for "hospital back rooms" to be consolidated.

Jill Lake: I am concerned about the statistics. Who provides them?

Catherine Mustill: They are provided by each trust and shareable.

John Missenden: Do resources follow the patient. Ask at ICB?

Catherine Mustill: Probably not.

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3 Report on the Reading Health and Wellbeing (HWB) Board Meeting in Public

Several members of the group attended the Reading Health and Wellbeing Board meeting in public on Friday 11th October and give their reactions below.

Catherine Mustill: I was very surprised that no members of the public were recognised or able to speak. There was a Healthwatch paper about access to GP practices. PPGs need to be involved and practices need to look at it.

Francis Brown: With changes to booking appointments as discussed in the Healthwatch paper on access the centre (the ICB and its staff) starts the process but doesn't finish the job. Care navigators were introduced with the recent new primary care strategy but most people don't know anything about them. Most people also think they have a right to see their nominated doctor but that is not the case.

The meeting received a quarterly review of implementation of the HWB strategy. The strategy took a lot of effort to agree between 3 boroughs. There is an associated dashboard for Reading's activities towards the strategy.. Lot of qualitative rather than quantitative data. Progress reported on all fronts. I wondered, did voluntary organisations have the capacity needed? Some RAG-rated green, some amber, but I couldn't see the evidence for the difference. I may put questions to the next board. Some similar observations from the councillors present.

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The Urgent Care Centre plan: There will be an UCC at Broad Street Mall (as at present) together with a regular GP surgery - the UCC is walk-in. It is used by locals and some from out of area. A&E can direct patients to UCC but only about half of them turn up there. It has no X-ray facilities. Over the next 2 years it will be migrated to the Royal Berks Hospital. Have we sufficient provision in Berkshire West?

All: There is a UCC at Bracknell Healthspace, a Minor Injuries Unit (MIU) at Thatcham Hospital. What about Townlands?

Sunila Lobo: At that board the public health report on smoking shows reducing use but vaping stats were not given.

Catherine Mustill: A councillor mentioned that the population in Whitley is no healthier than 10 years ago because there is no change in lifestyle.

Joan Lloyd: My practice has Anima for getting an appointment. Can we justify the need for having a UCC? I got an appt the same day.

Francis Brown: Overloaded surgeries can book people in to UCC.

Paul Williams: The new UCC at RBH will be managed by RBH to get better flow and this will offer some relief to the A&E department.

Tom Lake: As you may know Reading has a new Public Health consultant who is also the Public Health consultant for West Berks, but who will report separately to the two boroughs. He discussed the functioning of the Health and Wellbeing board. Since health is strongly determined by the "social determinants" the Health and Wellbeing Board should have appropriate interaction with the other relevant council committees. At the same time he has proposed a formal review of the working of the Health and Wellbeing Board - to be conducted by the Local Government Association - which the Board seemed to be disposed to support. I found this refreshing and hope we might end up with a serious and effective Board and Public Health department under his leadership.

Francis Brown: HWB realises some tension with other committees, and they are bringing in the LGA to carry out a review.

4 Royal Berks Hospital Trust AGM

Sunila Lobo: The AGM was well organised in a pleasant room at Reading University Whiteknights campus. Not so many attendees in person, quite a few online.

Paul Williams: Lots of focus on finance etc.

Tom Lake: I learned a few useful facts. As you may know, the whole ICB area has a hard cap on capital expenditure. What I was surprised to learn was that any item of expenditure above £10,000 by the providers counts as capital expenditure whether for maintenance or not. I also learned that the excellent Redlands Ward elective orthopaedic unit is operated as a leased facility by the hospital trust. Of course it is an elective surgical hub par excellence.

Then I asked whether the trust had been able to make up its capital expenditure to levels seen before the advent of the Integrated Care System with its cap on capital expenditure, noting that the trust had been much better than others in the BOB area at getting extra capital from specific centrally-funded NHS schemes. This brought out an interesting reply from Steve McManus, CEO of the trust, who explained that the trust was careful to have a portfolio of projects ready to go when the NHS centre came up with extra funding schemes. He then said that despite the miracles worked by the estates team, the staff were fighting a losing battle against the existing building. (This led to front page reports in the local papers.)

Paul Williams: The team working on new hospital has been stood down. Priority is going to hospitals with RAAC (Aeroconcrete). The government is bringing out new criteria.

Sunila Lobo: We managed to get funding for Building Berkshire Together until the end of year.

Jill Lake: My hip replacement was done in Redlands Ward and I found it excellent - no limp since.

Brian Morley: I attended the AGM online and submitted a question and felt the answer was a fob-off as follows: "Recently I attended A&E - you give in your name and a bit later someone might shout out your name. Many there have hearing difficulties and language difficulties. Should there not be a loudspeaker system?". Answer was - too expensive.

Catherine Mustill: It would be worth writing to the PALS service or raising your question with one of the governors.

Sunila Lobo: This was brought up at one of the public board meetings. Noted by the reps from A&E. Well aware that this is needed. *

Simon Collard: A quick questions. The Urgent Care Centre transition from Broad Street Mall. What will happen?

Francis Brown: It will move to RBH - probably by 2026 - finalise by 2027.

5 Report on Meeting with Sarah Wise

Francis Brown: We have developed a new method for interpreting the results of the annual GP Patient survey of GP practices over some years. Tom Lake and I talked to Sarah Wise, the commissioner of our primary care services, and one of her data analysts a year ago. This year it was pleasing to see they have started using our method - known as percentile rank. This is a well-known statistical technique and even an Excel function.

I also attended an Ipsos-Mori meeting looking at influences on practices' overall scores - which it turned out are mostly determined by internal factors about the practice than external factors such as "social determinants of health".

6 Older Persons Day 2024

Tom Lake: UN day of older people. First Tuesday in October. There was a good attendance. RPVG had a stall - this year down stairs. We signed up 5 new members and talked to lots of people about our display using the interpreted GP Patient Survey results for surgeries in Reading.

Grateful to those who helped - Jim Penn, Jill Lake, John Missenden and Cathy Cousins.

Cathy Cousins: Mention that Western Elms is reported overburdened by taking on a refugee hotel.

Laurence Napier-Peele: This came up at Healthwatch. Let's raise it with Healthwatch at our next meeting when they are present.

Cathy Cousins: I spoke with one patient from Balmore Park who was very upset and was directed to complete the FFT forms at his surgery.

Laurence Napier-Peele: Publicity was very poor this year. Failed to get posters printed by RBH. Nothing in the library. But did have an ad on the big screen outside Reading station.

Catherine Mustill: To help with our work we could involve Community Health Champions. But their funding is ending this year.

Shaheen Kausar: But also recruitment is difficult. Very useful that it is in Broad Street Mall.

Laurence Napier-Peele: Of those here 5 seem to have attended. Next year Broad Street Mall will be available but in 2026 they will be having building work - for new flats.

7 Reports from Trust Governors

Paul Williams: We have been raising question about DNR (Do Not Resuscitate)- a form used by doctors to indicate that cardio-pulmonary resuscitation should not be attempted.

This was raised at trust council on 27 May - Q&A now available on the RBH website. Many people do not know about doctors powers in this case. Website WWW.resus.org.uk is supported by RBH and gives detailed information.

Cathy Cousins: We could devote a meeting or item to it.

Sunila Lobo: Paul has done a really good job in following this up. It has not been easy to get this information. Group could involve itself with the RBH.

Laurence Napier-Peele: Having had experience with a close relative, I would like to have more time on this. We could comment to governors or PALS team. *

Catherine Mustill: There could be a leaflet on the topic.

John Missenden: There must a doctors' practice or protocol. In every death the heart stops.

Paul Williams: Information should be available - there is nothing on the RBH website. Doctors, patients and consultants views do not join up.

Sunila Lobo: The chair position at RBH has been advertised. Governors will be involved.

Laurence Napier-Peele: Coproduction. Will patients be involved with the chair selection?

Catherine Mustill: There is training for participation in interviews.

Sunila Lobo: But do not participate in selection of board members - the governors are elected lay people.

8 Reports from PPGs and practice news

Cathy Cousins: Pembroke is launching a new platform called Rapid Health for requesting a clinical contact.

Francis Brown: 10 different systems exist and are similar - Anima etc. NAPP has a list.

Baltimore Park report - a week ago had 1250 patients in for flu/covid vaccination. People, some quite frail, were waiting 20 minutes partly outdoors. Another clinic this Saturday - hopefully more capacity. There were easy wins to be had in improving the organisation of the clinic.

Catherine Mustill: Emmer Green - flu/covid vaccination - amazingly well organised.

Paul Williams: Similarly at Uuniversity Health Centre - very well organised but they didn't offer a Covid jab - you had to get it from a pharmacy.

John Missenden: Melrose has a new building on Alexandra Road - almost a polyclinic - and is starting triage for appointments with Anima. The new building replaces the surgery on Eldon Road.

Laurence Napier-Peele: Milman & Kennet PPG met recently. Lift is broken again. Announced in advance. They too had a Flu/covid clinic.

Brian Morley: UCH only offering the flu vaccination. So we had both at the local pharmacy. What is the age profile of those attending PPGs?

Francis Brown: I have looked at this - usually white retired people. But they were young once and may have younger relatives. So the isolation of the groups may not be quite as bad as it appears. Our attempts to recruit younger people have never succeeded.

9 AOB

Laurence Napier-Peele: This Friday 18th 2pm Older People's Working Group in the Council Chamber in the Civic Offices. Brings together people over the age of 45 to NHS and council managers.

The group is going through an existential crisis. The meeting on Friday will be taken up with discussion of the group's future.

Some time I would like another meeting about the ambulance service.

Cathy Cousins: Will we have a Xmas do? *

John Missenden: How about lunch at a carvery. The World Turned Upside Down on Basingstoke Road does a £6.99 pensioner's lunch. Middle of the day preferred.