

# South Reading Patient Voice Draft Minutes



**Berkshire West**  
Clinical Commissioning Group  
South Reading locality



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

## 1 Welcome and Apologies

Date	17 <sup>th</sup> January 2024
Location	Committee Room 4a, Civic Offices, Reading
Present	<p>iPaul Williams, Milman Road Surgery Francis Brown, Guest, Balmore Park Cathy Cousins, Pembroke Surgery John Walford, University Health Group John Starr, Pembroke David Cooper, UHC Monica Morris, Theale Surgery, Geoffrey Million, Guest, Balmore Park Tom Lake, Pembroke Surgery Karen Hampshire, guest, Balmore Park Sarah Weeks, co-vice chair Balmore Park Surgery PPG Tomiko Morley, UHC Paul Myerscough Brian Morley, University Health Centre Mark Drukker, Longbarn Lane Derdre Drukker, Longbarn Lane Helena Turner, Milman Road Ray Emmett, Balmore Park hbox to 4in Betty Chilufya, RBH Kevin Boyle, Melrose Surgery Tony Lloyd, Wokingham Patient Voice Sally Moore, RBH and BOB ICB Andrew Statham, RBH Alison Foster, RBH Zoe McDowell, RBH Catherine Mustill Phil Lowry, UHC Richard Havelock Rosemary Cahill Rosemary Cahill Rosemary Cahill Rosemary Cahill</p>
Apologies	Valerie Gardiner

## 2 A Surgical Hub for the Royal Berks

Day surgery - no beds - mostly urology - will free space in the main building for ED.

Taking down the South Block Annexe - the double decker prefab Block Annexe.

Paul Williams: Are we committing to serving other parts of BOB? Andrew Statham: As part of the collaborative framework, when we have free capacity - when our waiting lists are down - we would offer it.

Monica Morris: In late 1980s the area committee of GPs were asking for a brand new hospital - told they didn't know what they were talking about. With the RBH growing and developing it is not ideal for patients. Long walks and tricky parking. Much easier on the Thatcham hospital site.

Andrew Statham: Access is a challenge to our patients. Don't have planning permission for more car parking. Have Park and Ride. Will have to consider this when we come to a new hospital.

David Cooper: I think Monica is asking whether this is really going to happen?

Andrew Statham: We have the funding and the plans - as confident as we can be. This is not instead of the new hospital this is to increase capacity in short order.

Kevin Boyle: Sounds a interesting project. Seems to me that there are going to be several specialisms. How will you manage that?

Zoe Mitchell: Will have to timetable. Majority will be Urology - moving out of its current position. But it is larger than current Urology footprint. Hand surgery is keen to use it and Urologists understand this.

John Missenden: The RBH site is almost a museum. Book by Marshall Barts on page 288 - 1963- sad we need to build up not out - but it continues out not up. Specialised unit very praiseworthy. London hospitals working 6 days as it is the availability of teams that matters. You should fight and appeal to get more parking at the hospital. When they introduced speed humps they can't have asked the ambulance crews. Whether £1.3B on new hospital or somewhat less on current site and fight for the planning conditions you need.

Andrew Statham: I hear what you are saying about Reading Council and whether we could do more. Planning guidelines do protect against height. None of the existing building could take extra floors. Could do that with the new hospital on the current site - but given access a new site could be more attractive.

Francis Brown: Is there interest from contractors to build this building? Zoe Mitchell: Tendering will come soon.

Cathy Cousins: What will happen to the current uses of the building? Andrew Statham: There is one clinical service there - the rest is admin.

Ray Emmett: Robotics - here or in the main building. What about urology by radiology?

Zoe Mitchell: Money for equipment is being drawn on

Tom Lake: Desperation here about orthopaedics especially knee replacements - 72 weeks waiting being quoted for knee replacements.

Andrew Statham: I will have to look at the waiting list. Zoe Mitchell: We are using the private hospitals to reduce the backlog. A lot of patients going out to BIH and Spire.

Ray Emmet: My wife had a knee replacement last year - needed to apply for funding - took about 1 month - then sent to a private hospital after 12 weeks.

Jill Lake - I waited 3 months for a hip operation. GP arranged for X-ray. Then referral within 3 months offered 3 choices - all private. I asked for the RBH - Redlands ward. So phoned the department. They suggested going back to GP for a referral. Done within 2 or 3 months.

Tom Lake: I can't understand why some people are quoted 72 weeks.

Andrew Statham: There is a lot of pent up demand.

Jill Lake: Hip/knee replacements do require an overnight stay.

Francis Brown: My knee op - looked like 60 weeks NHS - much less private.

Tom Lake: Pre-op on the day - is this adequate for infection control - Redlands orthopaedic has a multi-day preparation schedule with anti-bacterials.

Zoe Mitchell: Pre-op - need to identify if suitable for a local anaesthetic.

David Cooper: Risk reduction - does this help patients.

Andrew Statham: Hospital not a good place to stay. Better to get home quickly. Also shorter waiting list is better. Also modern air management.

Paul Williams: Some procedures can be on local or general anaesthetic. The surgeon may press for a general anaesthetic as it is best for them.

Zoe Mitchell: I hope not. A local anaesthetic is better for the patient and this is the way we are moving - and we are monitored on whether we do enough of certain procedures by local anaesthetic.

Andrew Atatham: While there may be times when clinical preference comes in, consultants will be advising patients on what is best for them.

David Cooper: Do you see this as a sort of pathfinder for the whole hospital? Will this introduce a new culture.

Zoe Mitchell: That cultural change is already with us. Urologists have moved to this kind of treatment but we haven't enough of the right space.

Jill Lake: Ambition to get up to 2000 patients per year. With what staff?

Zoe Mitchell: Changing our workforce model. We are using more nurse practitioners. Some nurses can do certain procedures.

Kevin Boyle: To what extent have you engaged with patients on this development? Have you involved Healthwatch?

Andrew Statham: Probably have not gone beyond our patient leaders.

Zoe Mitchell: Happy to work with patients who want to be involved.

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### 3 Brief news from Trust Governors

Tom Lake: Junior doctors strike has cost about £1M and that has been our focus. Once we can see an end to these actions we could talk about other things. Govt seems not to be doing much about it.

Jill Lake: Why can't they offer what was offered in Scotland? Current offer is about 8 or 9% plus something undisclosed.

Paul Williams: Lot of annual leave in the skiing season. Also 400-500 turning up at ED now reducing

Kevin Boyle: Suicide trend - can we look for numbers.

### 4 PPGs

Francis Brown: New method of triage - most patients are required to make a case for an appointment online. There is an online structured process. Seems to have a lot of rough edges but the surgery finds it very successful. Drop of about 50% in the number of phone calls. Is it putting some people off. Are they seeing more patients at ED or UCC from Balmore Park.

Paul Williams: RBH is now triaging patients to send some back to their surgery.

Catherine Mustill: Lots of comments on the terrible triage on social media.

Francis Brown: Practice managers monitoring it very carefully. Very much a marmite situation.

Sarah Weeks: I am deputy chair at BP. Discussed progress with Anima today. It has made a lot of difference to number of appts needed to be taken by GPs. There could have been more consultation. We are having a strong dialogue with the surgery people.

Ray Emmet: My wife registered on the system a month ago but going in it showed up as myself. My wife booked a blood test on the NHS website but when she arrived the surgery didn't know about it.

Tom Lake: Can we get involved in training or induction?

Francis Brown: The introduction was 1 page lacking in detail. I wrote a 4-page introduction separating iphones, Ipad, Windows etc. It went down very well.

Tony Lloyd: Primary Care Strategy - meeting in Wokingham on PCS.

Tom Lake: Already arranged. Documents not patient focused at all.

David Cooper: Document is definitely not designed for patients.

Catherine Mustill: ICB has written a draft strategy. They are looking for feedback. We do need a pre-meeting. We are already being redirected to allied professionals on an ad hoc basis.

Ray Emmet: Prefer pm meeting.

Cathy Cousins: worth contacting Douglas Findlay re Pembroke.

Tom Lake: Agreed to write to Sarah Wise and Sarah Webster on arbitrary choice of triage products. Eg. silicon practice website was inflicted on us.

Some e.g. UHC have retained their websites.

Jill Lake: Has the outcome of receptionists allocation of patients to clinicians been audited? Do they get it right?

Paul Williams: There seems to be a space for PPGs to take part in evaluation of these systems - especially with older patients. UHC receptionists are far better trained at interviewing patients than at Milman Kennet.

Kevin Boyle: You cannot expect the PPG to be a reliable operator. Many practices do not have an effective PPG.

Francis Brown: GP patient annual survey gives us a clue.

James Penn: Should we issue a press statement to get this into the public consciousness.

Is Healthwatch in a position to work on this?

Francis Brown: Good material in the new ICB newsletter - Tom Lake to put link on website.

## **5 Offer to NW group**

Tom Lake: Offer to NW patient voice to support their meetings as a committee of Reading Patient Voice if they merge.

Francis Brown: Keen to get groups to work together.

## **6 AOB**