

Reading Patient Voice Group Draft Minutes



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

1 Welcome and Apologies

Date	19 th February 2025
Location	Committee Room 1, Civic Offices, Reading & online
Present	James Penn, Milman & Kennet Catherine Mustill, Emmer Green Paul Williams, University Health Centre Jill Lake, Pembroke Surgery Cathy Cousins, Pembroke Surgery John Walford, University Health Group Raymond Emmet, John Missenden, Melrose Surgery John Starr, Pembroke David Cooper, University Health Centre Helena Turner, University Health Centre Tom Lake, Pembroke Surgery Tomiko Morley, University Health Centre Joan Lloyd, Balmore Park Laurence Napier-Peele, Milman & Kennet Francis Brown, Balmore Park Paul Myerscough Brian Morley, University Health Centre Alice Kunjappy-Clifton, Healthwatch Reading Tony Lloyd, Wokingham Patient Voice Mark Drukker, Longbarn Lane Anne Harrington Phil Lowry, University Health Centre
Apologies	Simon Shaw, Healthwatch Reading Sarah Weeks, co-vice chair Balmore Park Surgery PPG John Norris University Health Centre Libby Stroud, Pembroke Alex Oesterreicher, The Advocacy People Sunila Lobo, University Health Centre Valerie Gardiner, University Medical Centre

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

Laurence Napier-Peele took the chair.

2 Minutes of Last Meeting and Matters Arising

The minutes were approved.

2.1 Actions Log

No.	Action	Date	Who	Status
1	Ask ICB whether money follows the patient in acute collaboratives	24oc16	Tom Lake	Pending
2	Ask HWB about evidence behind ratings on HWB dashboard	24oc16	Francis Brown	pending
3	Follow up problem with audibility of calling of names in A&E waiting room	24oc16	Sunila Lobo	pending
5	Coordinate with Simon Shaw on project to report on Berkshire West PPGs	25fe19	members engaged with PPGs	pending
6	Develop a strategy for helping/developing PPGs with Simon Shaw	25fe199	Jill Lake, Francis Brown, Catherine Mustill	

2.2 Suggested Meeting Topics

1	How does a GP practice work?	24oc16	In survey
2	Resuscitation, DNACPR, choices and forms	24oc16	In survey
3	Hydrotherapy - how did we get to this?	24oc16	In survey
4	Weight management - drugs and lifestyle	24oc16	In survey
5	NHS 10-year plan	24oc16	In survey
6	Moving care back to the Community - Brazilian Model	24oc16	In survey
7	Meet Dr Ben Riley, BOB CMO and sponsor for Berkshire West	24oc16	In survey
8	Meet Matt Rodda MP	24oc16	In survey
9	BHFT/UoR Health Inequalities Project - Prof Carol Wagstaf	24no20	In survey
10	Future of the NHS app - Marta Fischer	25ja29	In survey
11	Diabetes including social aspects	25fe19	In survey
12	Virtual Wards	25fe21	In survey
13	Johns Hopkins model for classifying patients	25fe21	Pending
14	Process Improvement at RBH	25fe21	Pending

3 Healthwatch Reading - Alice Kunjappy-Clifton

Please refer to Alice's slides attached at the bottom of this web page.

Alice Kunjappy-Clifton: Healthwatch has political independence, a statutory position and specific obligations. Note that the allocated budget has been reduced from the previous service supplier. Partnering with NHS bodies and organisations in designing and improving their services is a key activity, as is engaging with the public and patients.

Reading Healthwatch takes part in community events, reached out to the public, listened and undertook research on public experience and perception of NHS and social care services.

We host events to reach and engage with communities e.g. work with people told they are not eligible for free NHS care despite being born in UK.

We have two events planned:

- March 13th - Event on eligibility - a follow up with RBH
- Sept 10th language matters follow up - showcase what has changed.

Healthwatch has an enter and view power, which could be exercised unannounced.

Paul Williams: I understand you are undertaking a PPG study. Can you share any observations yet?

Alice Kunjappy-Clifton: We have funding from the Primary Care board to study PPGs in Berkshire West. We will report soon. Some are GP led - some led by patients.

Paul Williams: Have you any advice on how to convert a GP-led PPG to patient-led?

Tom Lake: Would you like input from us?

Alice Kunjappy-Clifton: Yes. That's collaboration.

Jill Lake: You have contact with the CQC. Do you have contact with care providers themselves?

Alice Kunjappy-Clifton: No that is not our role. We work with council social care and with CQC - if we have information about a particular surgery or care home we might ask if they are going to be visiting that provider soon.

Francis Brown: You have responsibility for seeing local providers are giving good service. What are you most proud of achieving in the last year?

Alice Kunjappy-Clifton: We have a big voice at the Health and Wellbeing Board. We have asked them to put out Health and Wellbeing documents in easy-read form. Feedback has increased. Our team is small.

David Cooper: You referred to a report on the need for communication about the new way of working in GP surgeries. Have you produced a report or is it from NHS England?

Alice Kunjappy-Clifton: It is a Berkshire West wide report. We were responding to complaints that people could not see their GP. We found that the public were not aware of the new way of working introduced in 2020.

We do interact with the BOB ICB and its staff and I think the ICS is settling in.

David Cooper: What more is there to be done?

Alice Kunjappy-Clifton: There is a lot to tell people about - receptionists are now trained as care navigators, the role of a Physicians Associate or paramedic.

Joan Lloyd: Have you done any work on waiting lists? What engagements did you take part in? What conclusions reached? Have you biased your access in favour of foreigners - those with language difficulties in healthcare?

Alice Kunjappy-Clifton: Our work is based on the feedback that we get. We are not prejudiced - we work on what we are told about.

Translation is also for deaf people not only people with foreign languages.

Tony Lloyd: I am due to meet with Veronica Barrie who is chair of Healthwatch Oxfordshire. To what extent do you liaise with other Healthwatches in setting your strategy?

Alice Kunjappy-Clifton: We do liaise quite a lot. But we find needs are different in different areas. Our project on Oral Health was done with the other Healthwatches in BOB.

Tom Lake: Is Healthwatch Oxfordshire provided by The Advocacy People?

Alice Kunjappy-Clifton: No

Laurence Napier-Peele: I heard a Radio 4 phone-in on the state of NHS dental care in England and Wales. There are apparently no NHS dentists taking patients in Devon or Cornwall. Have you worked on this? And has there been any thought about the re-organisation of local government here?

Alice Kunjappy-Clifton: BOB has a better system than some others for dentistry. There is a flexi-commissioning system whereby some dentists are encouraged to see people who have not been seen for 2 years. We are working with the ICB to try and make things better.

Reading is one of the areas that has the highest oral health issues. We are working with public health in Reading.

On local government reorganisation - it is early days - we will continue to respond to patients' needs/

Tony Lloyd: Do you have any thoughts about increasing the reach of Healthwatch amongst the general public? The average man-in-the-street knows nothing about you.

Alice Kunjappy-Clifton: We have been out and about at community events and festivals. But we are a small team. We had 35 people at our Xmas mingle.

Tony Lloyd: In my PPG as chair I can get a message out to 4,000 people.

James Penn: The Wokingham Today newspaper used to have a regular column from Healthwatch. That could be usefully applied to Reading.

Laurence Napier-Peele thanked Alice Kunjappy-Clifton for her talk and patience in answering our questions.

4 Royal Berkshire Hospital Trust update

Laurence Napier-Peele: Please note that there is at present an election for 2 governor places in Reading.

Paul Williams: Our new hospital might not be started until 2037 - not complete before 2040. There could be 4 changes of Govt before then. Would any plan survive? The Govt is shifting care to the community - what will the hospital look like in 2037?

The Building Berkshire Together team has been stood down.

Post New Year there have been over 600/day at A&E - there were high levels of flu but now declining. Now spreading across Germany.

Catherine Mustill: The John Radcliffe is much nicer than our dilapidated RBH.

Paul Williams: There is dissatisfaction with the BOB arrangement, Oxfordshire is interested in linking with Cambridge via Bucks. Berkshire West may link with Berkshire East in the future.

Laurence Napier-Peele: May align with regional government for mayors in the future.

Tony Lloyd: The new chair of BOB is also chair of Frimley ICS. They are working with Cambridge - on many research projects. There is no discussion on changing BOB boundaries. Oxford University Hospitals has a very strong consultant base. Some specialties are centred on the John Radcliffe. Vascular surgery is now at the John Radcliffe - not at RBH or in Bucks. John Radcliffe has new hybrid theatres for vascular surgery using radiography. I see no point in separating Reading from Oxford.

Tom Lake: No doubt those shiny buildings in Oxford were paid for by PFI and now our health funding.

Laurence Napier-Peele: The new Prospect Park Hospital and Thatcham hospital were built on PFI.

Jill Lake: Apart from the kitchens in a dungeon RBH looks quite impressive.

Tom Lake: But the chief executive, Steve McManus, said at the AGM that despite heroic efforts of the estates department they were losing the battle with the building.

5 Berkshire Healthcare Trust update

None available.

6 PPGs Update

Catherine Mustill: I am the acting chair of the Emmer Green PPG. I want to liaise with the chairs of other PPGs to compare what we are doing. We had a wonderful presentation on the Johns Hopkins system of classifying patients vulnerability. We are going to have a newsletter with sections on World Health day etc and health campaigns.

Paul Williams: At University Health Centre we are trying to convert the PPG from a doctor-led to a patient-led PPG. We have terms of reference and a strategy and will report back next month. We would like to achieve that with as little pain for ourselves and the practice as possible.

David Cooper: A quarterly newsletter is part of the plan. How to get news out to the bulk of the patient body. We are trying to interact with the Practice Manager to introduce ways of working which are valuable to them - in a sensitive way to engage them.

Catherine Mustill: I didn't want a separate email address - emails should come from the practice.

All: Members to coordinate to liaise about PPG work.

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Alice Kunjappy-Clifton: We are here to help. Talk to Simon Shaw.

Francis Brown: There are 2 models - practice-led or patient-led. But the real key is - does the Practice Manager think it worth talking to you?

John Walford: I have been trying to communicate with the UHC PPG but no response. In the waiting room there is no info as to which of two routes to take.

Jill Lake: Could we invite South Reading and Shinfield to present to engage them?

Laurence Napier-Peele: I attended the Milman and Kennet PPG this morning. Christopher Mott is chair. Joanne Alexander Jones is the secretary. I didn't think much of our earlier meetings. But this time we had a good PPG meeting and covered a lot of ground. Both Practice Managers were there including Charlotte Healey - the new Practice Manager. She used to be a pharmacist. Very dynamic. We discussed - the annual GP patient survey, and the Friends and Family Test results. Also "You said - we did", "Did not attend" data, uptake of the NHS app, patient numbers, staffing, the practice website,

the PPG newsletter. The lift has now been working for 6 months! Results of the Annual GP patient survey have been made comprehensible by Francis Brown (and Tom Lake on technical side). I am afraid South Reading and Shinfield practice appears always in need of assistance. Balmore Park used to be in top 20% (and University Health Centre) - now average. Practices in bottom 10% do need our assistance. IN SR&S there are 2 separate surgeries put together. Christopher Mott said that over a number of years there has been little change at M&K.

Tom Lake: I attended the South Reading and Shinfield PPG when we had an invite and Francis was on holiday - having provided me with useful material - PPG constitutions and orientation. The practice manager, Adeline Fleming and Dr Akif attended. Dr Akif said the practice was dismayed by the low level of response and the poor returns of the annual GP patient survey and wanted the PPG to help in resolving the difficulty. 6 people only attended - probably from the Shinfield end. But they formed an initial committee with the aim of adopting a constitution and getting going. A couple of patients told their stories which revealed that they had had quite a lot of difficulties in getting required treatment.

Jill Lake: Perhaps adopting such practices by us might be a good role for us.

Catherine Mustill, Francis Brown: We want to extend to Berkshire West PPGs.

ACTION: Jill Lake, Catherine Mustill, Francis Brown: work out draft strategy of helping PPGs - discuss with Simon Shaw.

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Anne Harrington: At Broad Street Mall the PPG discussion was mostly about chairs in the waiting room. I was kicked out of the practice for not coming in for a blood pressure test.