

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 March 2025
Location	Committee Room 4a, Civic Offices, Reading & online
Present	James Penn, Milman & Kennet Catherine Mustill, Emmer Green Paul Williams, University Health Centre Jill Lake, Pembroke Surgery John Walford, University Health Group Raymond Emmet, David Cooper, University Health Centre Tom Lake, Pembroke Surgery Tomiko Morley, University Health Centre Brian Morley, University Health Centre Francis Brown, Balmore Park Sunila Lobo, University Health Centre Tony Lloyd, Wokingham Patient Voice Andy Pickersgill, Bracknell John Norris University Health Centre Richard Pinches Mark Drukker, Longbarn Lane Anne Harrington Phil Lowry, University Health Centre
Apologies	Cathy Cousins, Pembroke Surgery Helena Turner, University Health Centre Laurence Napier-Peele, Milman & Kennet Joan Lloyd, Balmore Park Paul Myerscough Simon Shaw, Healthwatch Reading Shaheen Kausar, Western Elms Surgery Nisha Sharma, Reading Cancer Awareness Champions Libby Stroud, Pembroke Sheena Matthews, Wokingham Carolyn Taylor Alex Oesterreicher, The Advocacy People

David Cooper took the chair.

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

2 NHS App and Digital Access - Marta Fischer, BOB ICB

Marta Fischer: The smartphone application NHS App has the same function and login arrangements as the NHS account on the NHS website (`nhsapp.service.nhs.uk`). Among other things the service accesses a channel to your GP's clinical system. The data remains on the GP system but can be viewed by you.

You can open your NHS account on a desktop, laptop or a smartphone. You need to be able to show your ID - a passport or ID, your NHS number and date of birth. If successful you will be registered within 48 hours. Then you have an NHS login and order repeat prescriptions and make and check appointment and can access 111 etc on this app.

Can use laptop/desktop or mobile phone for NHS App interchangeably.

Contrast with GP surgery websites - no account required - may support self-triage for booking appointments and provide general information about practice services.

The difference - the NHS App is fastest with services which you can manage yourself. The practice website allows you to request services only.

Online consultation tools will be integrated in the NHS App by end 2025. You will be able to book appointments through the NHS app just like the practice website triage tools.

Triaging for booking appointments - all should go through same triage even if you call on the phone when it should be filled for you (but see below, surgeries found that this was too time-consuming and had to abandon it!)

Various GP practices are taking on triaging - to eliminate the 8am rush/peak. With triage the time when you make your request will not be critical to getting an appointment.

2.1 Developments in the NHS app over the last year

- You can register with a GP with proof of address or immigration status. (You need an account and the practice has to be in the GP registration project.)
- Booking and management of GP appointments, vaccination and hospital appointments. Can rearrange or cancel appointments.
- View your GP records securely - extended to virtually all practices. See medications, vaccinations, test results. Search trusted NHS information and advice. Order repeat prescriptions. Check progress of your prescription. Register organ donation. Receive messages about your care.

111 can also arrange emergency medication.

The messaging service in the NHS App will develop into the ability to respond to the GP with e.g. blood pressure measurements or other information on your wellbeing.

Overall design and accessibility will continue to improve.

There are some other apps related to GP practice system. e.g. Patient Access is an app related to the GP EMIS system. They provide similar services, but may not have access to information on hospital appointments.. Commercial apps might show ads in the future.

Francis Brown: EMIS Patient Access is easier to get enrolled.

Are all hospital appts in NHS app (not in EMIS)?

Marta Fischer: All acute hospitals locally are participating in the Wayfinder programme which connects hospitals to NHS App. But some appointment systems are run by departments and not yet using a hospital wide system.

We are not in a competition. What matters is that digital routes are used. Use what is best for you.

Sunila Lobo: How does total digital triaging work? I understood it was done by a care navigator or receptionist.

Marta Fischer: Triaging will be completed by a medical professional, not a receptionist. They may contact the patient to see whether a same-day appointment is needed etc.

If you cannot wait 24 hours go through 111 or 999.

Anna Harrington: I stepped on a large nail in the garden. 111, A&E - no one could give a tetanus vaccine. Total failure. I had to find another means of getting the injection. Total failure of the NHS.

Marta Fischer: I can't comment on clinical matters.

Tom Lake: Do contact PALS at the hospital and copy in Healthwatch.

Andy Pickersgill: What about people who are digitally excluded?

Marta Fischer: You can phone or call at your GP practice still according to your practice's arrangements.

Catherine Mustill: You can arrange to have access on behalf of another person.

Paul Williams: Do not resuscitate request - is that held on the App?

Marta Fischer: It would be on the shared care record which e.g. hospital or ambulance crew can view. But of course resuscitation will probably be started immediately, before that could be consulted.

Paul Williams: A change to the GP contract this year was supposed to eliminate the 8am rush and you should be able to call your surgery at any time of day and have fair treatment in booking an appointment.

Marta Fischer: Yes, if the GP practice agrees to it.

Tom Lake: The triage system will eliminate the unfairness and the 8am rush/peak.

Brian Morley: What information is there at surgeries to tell people how to register? I tried to register but was asked for a password.

Marta Fischer: Some practices have webinars etc about the NHS App. About the password, It should be the same password as you used when we all registered for Covid. There should be a link to reset your password when your login fails.

Jill Lake: Could we take up Anna's point separately?

Action: TL to contact Anna H re tetanus problem.

3 RBH governors report

Paul Williams: We have just had the results of the annual staff survey - RBH is top acute trust in 13 areas of the survey.

New RBH chair, Oke Iamzu, starts on 1st April. Oke's background is with Prudential in insurance, financial and retail. As customer operations director. He has served on a Housing Association board. His focus is on patient/customer experience. He seemed very keen to serve.

We felt the board was not working as well as it might.

Public board meeting on 26 March - handover. 9am at the RBH Trust Education Centre.

The announcement that NHS England was being abolished led to concern amongst NHS workers - just the top level is to go.

But the Integrated Care System has to cut its own budget in half so many commissioning and administrative staff will go.

4 Report on Berkshire Healthcare

Tom Lake: I recently attended a meeting organised by Reading Voluntary Action where two senior employees of Berkshire Healthcare reported to relevant voluntary and charitable groups on the aftermath of the Forbury Garden stabbings and the actions taken in regard to failings named in the judge's inquest report.

TL on meeting BHFT and RVA. Also Julian Emms MBE.

Tony Lloyd: In relation to the abolition of NHSE. It won't go immediately - Chief exec of OUHT has been seconded to NHSE 18 months to look after acute sector.

Francis Brown: Attended a conf on primary care and PPGs and I run across a set of standards for primary care websites. They look at usability and language. They look down on the phrase "online consultation" - most user might think it means video consultation but it doesn't.

CM:

Tony L: PPG very active - looking at ways to help people use the NHS App. Practice Manager focusing on diversity in the PPG. (Wargrave.)

Paul Williams: UHC PPG - progressing to another meeting to a patient-led group. Draft terms of reference - meeting on 10th April.

John Norris: UMC used to allow online bookings - but it was stopped - because people are getting appointments. We want people to phone.

Baltimore Park: PPG meets this week.

UHC: Woman at UHC - no English - 66 years old - finds the experience very trying - much anxiety.

TL,FB: ICB meeting unimpressive = but financially not so bad £16M deficit out of £2.8B.

ICB budgets to be halved. And CSUs will go.

Major risks - financial and not providing full service - very high.

DC: NHS placing faith in digitisation as a solution to everything - but will it - AI.

TL: HWB reform - Liz Terry -

FB: Dashboard mentioned - does it show value for money?

CM: Will Health champions continue.

MEET PEET are doing a big rollout in April/May/June.

Anna Harrington: Priority of healthwatch re translations.

Is Healthwatch's priority covering enough of the general medical arena. Couldn't volunteers do this?

TL: Translation must be confidential.

Shaheen K. Organising competent volunteers is not so easy.

FB: At Balmore Park the idea that the receptionist would fill in the triage form - in practice it took 5 minutes and was too long -so it was dropped.

DC: I really don't like the idea of filling in a form for each visit to my GP.

Next meeting: 16 April Catherine in chair - DC and RE give apologies.

5 Minutes of Last Meeting and Matters Arising

The minutes were approved.

5.1 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	25fe19	Jill Lake, Francis Brown, Catherine Mustill	pending
7	Contact Anne Harrington about problems getting a Tetanus vaccination	25mr19	Tom Lake	pending

5.2 Suggested Meeting Topics

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

6 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.

7 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.

8 Berkshire Healthcare Trust update

None available.

9 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.