

South Reading Patient Voice 2024 AGM Minutes



FB SK DC PW TL LS LNP CC JL KB JW AO SC

LNP: Unfortunately I was ill in the summer.

David Cooper: John Ashton - one of the outstanding meetings we have ever had - also a good meeting with Tony Jones. But he left us saying he would look into a question we had asked. How do we ensure that we get the answer after a speaker has left?

Jill Lake: Surprised at how open he was as departing Reading director of Public Health.

Kevin Boyle: Actions agreed should be recorded in the minutes - there should be an action log.

LNP: Action log is an excellent idea.

TL: Agree with what has been said. We had = Sarah Wise also meeting with Hilda Eschieschi. Waterfest, OPD (downstairs and provocative), East Reading Festival.

LS: In reference to Primary Care Strategy changes in pharmacy - you can get to the situation where the pharmacist is almost acting as a doctor. (But has gone from Pembroke.)

Jill: T0day announcement of a review of the role of Physician Associates.

Catherine Mustill: Be aware that in a GP practice while you may consult with a PA or a pharmacist the outcome is reviewed with a supervising GP.

Tom Lake: That's the official line but try talking to a GP about it.

FB: Patient doesn't have a right to demand to see the GP.

DC: Perhaps the consultation response should include making patients aware of what the patients right's are.

Jill Lake: Receptionists are helpful at Pembroke and one can ask firmly to see a GP. But there have been cases of failed diagnosis with serious consequence e.g. patient had a leg pain and was sent away and died of a blood clot in the lung.

FB: Physician associates - it is taking the load off GPs. Doctors make errors as well.

LNP: Could be scapegoating.

Jill: Treasurers report

FB: Have made progress with interpretation of the patient experience data - using percentile rank.

Suggest GP to invite to meeting.

CM: There is an analytical team who look at a great range of data.

FB: But we do want not only presentation but decisions based on the evidence.

TL: Motion to re-elect current officers plus Catherine Mustill as additional co-chair. Proposed: Libby Stroud
Seconded: Shaheen Kausar.

Unanimous

JW: Constitution. Age limit of 18 - want to see younger people.

TL: As soon as you involve younger people you have a whole new organisation for safeguarding.

Jill: Once children are involved you have to have a safeguarding policy and DBS etc.

Catherine Mustill: DBS is organisation specific.

JW: I accept that it would pose difficulties.

LNP: Let's sort out our constitutional changes by email and then bring back to the meeting.

Workplan

TL: Jane Stanford-Beale on Autism and neuro diversity in Jan.

LNP: Number of meetings 8 or 9.

FB: Monthly - keep up the pressure.

Jill: Monthly but July/August and December can be difficult.

Cathy: We do need business meetings.

LNP: Need to have exclusive business meetings with no speaker.

CM: Agree with FB - monthly. I might go away in April/May

LS: Including business meetings - about 9.

FB: Let's sort out what changes we want to discuss by email with someone coordinating - then bring to meeting.

CC: February business meetin with item on consitution.

FB: Want to ask someone who can talk about primary care - Sarah Webster.

TL: Project BHFT UoR on health inequalities. Prof Carol Wagstaff

PW: former governor at RBH

FB: ICB met yesterday. ICB under 4 weeks of intensive scrutinising by PWC because of overspending. Draconian controls now. Waiting times will increase as a result. Not much choice.

Primary Care Strategy Implementation interesting paper. Should be circulated.

PW: NHS ENgland will be taking much poewr from ICBs. RBH 9M to save.

TL: NHS ENgland will performance manage the trusts.

PW: And there will be league tables which many are interested in.

Priority in rebuilding is going to RAAC constructed hospitals.

LS: Problem with league tables and targets is that they don't take into account the variables. A deprived area may languish at the bottom. .

CM: I have done 5 years of statistical work for NHS England. League tables updated every day/month for all hospitals - re cancer waits etc - not all available to the public.

DC; Despite data being collected - how is it used. History in public sector of institutions gaming the targets. This has been well researched.

CM: Data is about performance not necessarily targets. They are not easy to manipulate.

LNP: Milman Road lift now working. PPG meeting in Sept. DNA at Milman 6%. 118 missed appointments. Average for the country.

FB: Article about Melrose surgery in Reading Chronicle - Behind the Scenes at the 'worst' surgery in Reading. Misleading - it was one anonymous patient on Google over a year ago.

KB: Article itself is reasonably balanced. Staff comments show waht pressure they are under.

TL: I wrote to the editor but not acknowledged.

KB: PPG not running at Melrose at present. New surgery at Alexandra Road. Visit from minister Stephen Kinnock. Hope to restart PPG.

LS: Some confusion between Melrose and Pembroke, both on Alexandra Road.

KB: Let's distinguish between practice and surgery.

AO: PPG social 26th get-together at Greyfriars.

LNP: Chronicle 7th Dec - concern over care centre.

PW: Comes under RBH management.

FB: Without X-ray how can it be an Urgent Care Centre?

LNP: Social

Jill: Alto Lounge - church street.