

# 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	15th October 2025
Location	Committee Room 4b, Civic Offices, Reading & online
Present	Simon Shaw, Healthwatch Reading James Penn, Milman & Kennet Jill Lake, Pembroke Surgery Cathy Cousins, Pembroke Surgery Laurence Napier-Peele, Milman & Kennet John Walford, University Health Group Adrian Barker, West Berks Patient Voice Joan Lloyd, Balmore Park Helena Turner, University Health Centre Tom Lake, Pembroke Surgery Francis Brown, Balmore Park Paul Myerscough Alice Kunjappy-Clifton, Healthwatch Reading Tony Lloyd, Wokingham Patient Voice Anne Harrington Catherine Mustill, Emmer Green Libby Stroud, Pembroke Simon Collard, Theale Medical Centre
Apologies	

## 2 Minutes and Actions Log

Minutes of last meeting were approved.

### 2.1 Action Log

No.	Action	Date	Who	Status
3	Follow up problem with audibility of calling of names in A&E waiting room	24oc16	Sunila Lobo	Formal question posed
5	Coordinate with Simon Shaw on project to report on Berkshire West PPGs	25fe19	members engaged with PPGs	pending
7	Explain the GP Improvements Programme	25sp24	Alice Kunnjappy-Clifton	pending

## 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	Meet Dr Ben Riley, BOB CMO and sponsor for Berkshire West	24oc16	In survey
7	Meet Matt Rodda MP	24oc16	In survey
8	Diabetes including social aspects	25fe19	In survey
9	Virtual Wards	25fe21	In survey
10	Johns Hopkins model for classifying patients	25fe21	Pending
11	Process Improvement at RBH	25fe21	Pending

## 3 Development of Neighbourhood Healthcare - Dr Kathryn MacDermott

Dr Kathryn MacDermott is Director of Strategic Planning at Berkshire Healthcare NHS Foundation Trust.

Dr MacDermott's slides are at this web location.

*Editor : What follows are some notes I managed to grab during a fast – moving talk.*

Kathryn MacDermott: Neighbourhood health is a key element of the 10-year plan - which talks about neighborhood health care not National Health Service.

We are adding dedicated work streams on Community engagement, data finance and leadership development to the nationally mandated neighbourhood services.

We held a workshop a couple of weeks ago. Local authorities have started to engage with idea of neighbourhood health.

There are 2 ways of looking at this.

- Integrating local services better
- Better health in future

Currently care is too generalised,

What would you like to see? - happy healthy people.

We have 4 clinical priorities

- Low level mental health - depression is more common in deprived areas.
- Cardiovascular disease (CVD) - influenced by diet, inactivity, smoking and alcohol consumption
- Respiratory Asthma and Chronic Obstructive Pulmonary Disease (COPD)
- Frailty for all high-risk Reading patients.

BW Primary Care Alliance working with Berkshire Healthcare to define the services.

Review Multi-Disciplinary Team working - we need better coordination with social care.

Berkshire West has got support from the South East Neighbourhood Accelerator Programme to make a start on the neighbourhood health service.

Programme started yesterday with a 2 day meeting in London.

Berkshire Healthcare - good for clinical governance, diversity, organisational culture, well combined with GPs who are agile, with low overheads.

No clear definition of neighbourhood yet - maybe borough or smaller.

Services can be allocated to different geographical levels.

People could be working differently in future and it takes time to bed down.

Adrian Barker: How do we get included in workshops?

Kathryn MacDermott: We will bring in more people as we go on.

Libby Stroud:: Don't forget people and patients without technical ability (for online access etc).

Jill Lake: You have said that neighbourhoods are not defined. We have areas of high deprivation. Could be seen easily on a map of Reading. Will there be something visible (a building?) in every neighbourhood, and will it be in every neighbourhood?

Neighbourhood services need to be useful to everybody but not so detailed as to be very expensive. How are you thinking.

Kathryn MacDermott: We are expecting further guidance - people are too fixated on geography - we are looking at all the services - some are naturally delivered on a big scale - as you say health inequalities give you naturally defined neighbourhoods. But will we be allowed to be flexible? - NHS can be quite strict.

Eg COPD/heart failure services could be located in neighbourhoods - with a targeted approach.

The 10-year plan does say there should be a physical hub in each neighbourhood. Most of this should happen out of community spaces.

GPs and specialists could come to community centres. But all this is still up in the air.

David Cooper: I was very impressed with the well-thought out framework with its different levels. Are there challenges in terms of communications across levels and disciplines? Would there be additional training needed?

Kathryn MacDermott: C Communication is already an issue. We have workarounds. Thames Valley Connected Care is very good but not all practices interface to it. We are not very good at using things at the moment. We are aware of the problem. Training - the MDT review illustrated that some teams can use patients stratification while others don't. They will need training.

Current services will need to work differently. There will be training needs. IT is already a problem.

Laurence Napier-Peele: Can we ask the public what neighbourhood means?

Kathryn MacDermott: Community services currently deliver adult physical health. My vision - to include mental health and children's services which are currently delivered separately.

Laurence Napier-Peele:: Wes Streeting made it clear that this was to be a holistic service. Like the East Oxford hub.

Catherine Mustill: I assume you are working with the Royal Berks as well. I am a patient leader at the RBH on the new programme on patient communications.

Tony Lloyd: At the centre is the patient. It is critical to test schemes against criteria important to patients: continuity of care, education to self-help.

Tom Lake: How does this all relate to virtual wards? We hear about 2 new contracts - one at neighbourhood scale, one multi-neighbourhood. And where will this sit - since premises are already stretched.

Laurence Napier-Peele: What about the overloaded pharmacies?

Kathryn MacDermott: Virtual wards are already a partnership between BHFT (geriatrician lead) and RBH.

New contracts - no details yet.

Premises - We will be meeting with the director of estates. Some are in poor condition. There is no new money for neighbourhood health. We have to save elsewhere.

Some pharmacies are keen to be involved in neighbourhood working.

Francis Brown: Thank you - I have learned some things that I couldn't from the 10-year plan. In Reading PCN development has a lot of history. Branches are often not close to one another.

And please don't call for world-class anything - let's get things to work well.

Kathryn MacDermott:: I don't talk about world class services. I have been in Berks for 6 years. The history would be really interesting. I am working with the Berkshire West Primary Care Alliance. But not all practices are members. 6 PCNs are not members.

James Penn: Do you have a secretary/assistant?

KM: I do have a team and a university student working with me so he will be helping too. In Berkshire Healthcare it goes through a Business Strategy Financing step which allocates additional resource. The project is likely to last for 5 years.

James Penn: Tell us later how many people are working in this area.

Kathryn MacDermott: Will send leadership map.

Tony Lloyd: These schemes seem to be designed by firms of consultants. What is the governance? There are a number of powerful players in this area. There will never be enough money to satisfy everyone. We need structure to determine fairness and make the best of the money that we have. In particular the people plan. Any indication of how this will be governed?

Kathryn MacDermott: It is a bit messy at the moment. we have to submit a plan by end Dec. Has to be signed off by each Health and Wellbeing Board. Why is the Health and wellbeing Board not more involved?

The ICB is too far away from neighbourhoods - it has a good line to region and national.

Carnell-Farell consultants may have been involved in designing governance.

Catherine Mustill: Berkshire Healthcare is responsible for mental and community health for the whole of Berkshire.

Kathryn MacDermott: Frimley ICB has a different approach to neighborhood health. That is undesirable.

David Cooper: You talked about local autonomy. Structures don't have to be hierarchical - good practice to have autonomy - reflecting local issues but reflecting system guidance.

Local policies need to be locally agreed with system guidance.

Kathryn MacDermott: That does make sense. We are not co-producing yet because of the silly timescale.

Jill Lake: Any countries that have a good example that we could have a look at?

The chair thanked Dr Kathryn MacDermott for a really helpful and interesting look at this area of current focus.

## 4 Action Log Review

Simon Shaw agreed to report on BW PPGs.

## 5 PPGs

Laurence Napier-Peele: Milman and Kennet surgery has issued its newsletter and PPG minutes. The main problem is lack of members for the PPG.

Simon Collard: Theale PPG chair. - The practice has recently introduced a triage system available from 8am to 4pm. Elderly patients have adopted it more readily than younger. 56% are using the NHS App. new housing developments increase patient numbers, but we don't seem to see increased staff or premises. There will be a meeting with RBC on the proposed extension by 5 parishes. RBC claim that they can use CIL money for health care facilities. RBC offered £0.5M - West Berks said ask the NHS.

Laurence Napier-Peele: Since 2005 - there has been a parcel of land for development of a new health centre on the Battle site.

Catherine Mustill: Emmer Green PP: We have the new ACUREX triage system. I have been helping patients in the waiting room to fill in the form. Feedback from patients is very positive. From today we should be able to use it from NHS App.

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Henley PPG are running: education on how to get the best out of the NHS App. Monthly.

Francis Brown: Balmore Park PPG: This is the 1st month switched from Anima to ACUREX for online triage. You can use your NHS login to get into it.

Jill Lake: Pembroke PPG: On Older Person's Day - we had the display of patient experience at GP practices on show. Overall experience seemed determined by reception mostly. Why 31% only for "needs met" at Pembroke? Probably not seeing the right clinician.

Libby Stroud: I deleted my NHS app by mistake and wonder what I should do.

Francis Brown: Reload the app. The password should still work.

## 6 Trusts

### 6.1 RBH

A couple of areas of focus for the Governors at RBH:

- raising awareness about autism, LD etc which should have a positive impact on the service/treatment. The support offered by Autism Berkshire should be better promoted.
- A&E as a less unpleasant and more effective service centre- governors have been representing the community's concerns regarding this at several meetings with the Chair present, and as a question in the Governor Log which has been responded to.. not satisfactorily. FYI, Tom's question at the AGM on Audibility is being investigated by the Chief Nurse- we await her report. We will continue to press for improvement.

Orthopaedics have been sharing their expertise:

Last week a team from Orthopaedics hosted a 2 day Shoulder Knowledge Instructional Learning and Live Surgery' event [[www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)] for 40 consultants and surgeons from across the NHS, focused on shoulder replacement surgery. This included debates, discussions and two surgeries live streamed from the RBH.

## 7 Report on Health and Wellbeing Board Meeting

The meeting covered the acceptance of 3 reports:

- The Berkshire West Safeguarding Adults Partnership Board Report 2023/24
- The Director of Public Health's Annual Report - this time on early years as presented to us earlier this year
- The Reading Pharmaceutical Needs Assessment 2025 - 2027

NHS planning guidance has said that the new 5-year plans for neighbourhood healthcare (Commissioned through 2 new types of contract - 1 for PCNs and 1 for larger groupings) should be submitted by 31st December and prepared under the leadership of the Health and Wellbeing Board. There was no mention of this at all. The Board went on to a private meeting - Ben Riley, Chief Medical Officer of BOB ICB and Katie Pritchard-Thomas, Chief Nurse at RBH were present but no-one else representing GPs or community or mental health care.

## 8 AOB

Next ICB board meeting is on 18 November at 10.30am. See this web page.

Xmas lunch - Alto Lounge or Rising Sun (Castle Street) or Traveller's Rest (Henley Road) - watch this space.