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	16th July 2025
Location	Committee Room 1, Civic Offices, Reading & online
Present	Angelika Kristek, Royal Berks Hospital Carolyn Taylor, The Advocacy People Catherine Mustill, Emmer Green Paul Williams, University Health Centre Jill Lake, Pembroke Surgery Cathy Cousins, Pembroke Surgery John Walford, University Health Group Raymond Emmet, David Cooper, University Health Centre Joan Lloyd, Balmore Park Deirdre Drukker, Longbarn Lane Alice Kunjappy-Clifton, Healthwatch Reading Bernice Boore, Royal Berkshire Hospital Tony Lloyd, Wokingham Patient Voice Mark Drukker, Longbarn Lane Phil Lowry, University Health Centre
Apologies	Simon Shaw, Healthwatch Reading Libby Stroud, Pembroke Shaheen Kausar, Western Elms Surgery Alex Kardaal, The Advocacy People Valerie Gardiner, University Medical Centre

2 Talk and Presentation: Health Inequalities

2.1 Berkshire Health Inequalities Group

Prof Carol Wagstaff: I convened a health inequalities group from NHS and local authorities across Berkshire. Rembering the Marmot review (2010) Fair Society, Healthy Lives - things are getting worse but it is avoidable - can be put right.

Over the last year we have seen a shift from central government to tackle health inequalities and social determinants of health. We expect a food strategy and have the levelling up agenda.

Government has woken up to the fact that a neighbourhood is where you can make a difference.

The relationship between a local authority and government is not an easy one - still working that one out.

Deprived or not - eeryone struggles with healthcare access. Other social indicators are better for less deprived.

In health there is a huge amount done by the voluntary sector- keeping people away from acute health care and A&E. It is key for people just about managing - and they often keep away from social services. The sector is being recognised as really

powerful.

The Joint Forward Plan of BOB had health inequalities all over it. We saw the partnerhip of RBH and the University - see RBH board minutes -all very high level, not clear what is being delivered on the ground.

The Berkshire health inequalities group is close enough to the ground to know what is going on but to have budgetary authority. The group decided to work on social/commercial determinants of health as well as healthcare. That is, diet, transport, housing, education as well as healthcare.

The group is comprised of around 25 organisation - local authorities, BOB + Frimley, major trusts, voluntary sector conveners.

Berkshire is rich but there is deprivation in pockets. The disparity makes a difference as well as the deprivation. Whereas Manchester and Nottingham have large scale deprivation.

The group's aims are to provide collective leadership for Health and Wellbeing boards across Berkshire. Shared discussion and consensus about effective ways of tackling the causes of health inequalities and promoting access to healthcare open a transparent way.

We have to understand people's experience of health inequalities, reduce the differences in health and actively promote good physical and mental health.

This is the overarching framework - we think smaller partners will find how their work fits. It is expressed in our Strategy and Delivery Plan.

All local authority departments must see tackling health inequalities as their challenge.

My particular interest is in food partnerships and food policy. Reading has launched its food partnership - we support a whole systems approach to healthy weight management.

Data curation and use are vital. In Berkshire Connected Care binds local authorities and healthcare.

In Reading we have our initiatives: Health Champions and Particpatory Action Research.

We are mapping of services and contact points.

Many people do not have an NHS number.

Identify actions that reduce the experience of inequity across Berks.

1) Map heatlh inequaliteis strategies across Berkshire.

Index of multiple deprivation not enough to characterise an area.

What is currently being delivered against these strategies?

Evaluate strategy delivery. Michelle Thomas

Gap analysis - missing population groups and needs missed.

Survey - volunteer strategy

Co-develop a theory of change with residents.

Sir Michael Marmot "The Health Gap" e.g bus pass scheme to get poeple to healthcare e.g Nottingham - free bus day for shopping.

What's next? gap analysis, theory of change.

Conversation with merged ICS needed. Make it business as usual.

2.2 Dietary inequity that underpins heatlh inequality

This is a project with several partners in different universities. It has run from Feb 2021 to July 2026. U Reading, U Plymouth et al

We are working on the Fresh Street intervention. Four suburbs on edge of English cities. Whitley, Plymouth. Plymouth there is a single street with an 11 year difference in healthy life expectancy from one end to other.

Most people are in work but some live in food deserts.

Why do you eat what do you eat? What do you aspire to eat?

Plymouth - access to food - transport to supermarket.

Reading - stress, resources, uncertainty. Children eat only narrow range of foods. Price. People look for food that is filling and readily available.

Fresh Street is an area-based intervention.

We provided Fruit and Vegetable (F&V) vouchers to about 300 househholds for 12 months. F&V are provided via community

hubs. (Whitley CDA is brilliant.) Then we carry out assessment of diet quality, health markers, affordability, acceptability. We keep away from means tested stigma.

All of our studied population have community hub activities but half ialso have £10 F&V vouchers per fortnight. We arrange activities to increase confidence.

Result: After receving the vouchers people ate more than 1 portion a day more of F&Vafter 12 months.

Importance of communityi hubs. Result - fewer obese.

We are working with RBC, Plymouth, Manchester - to get this adopted.

Catherine Mustill: Different organisations often don't talk to each other.

Prof Carol Wagstaff: We need not to duplicate, get better at sharing results.

Tony Lloyd: Have you thought about modelling the proposal to improve diet in terms of health benefits?

Prof Carol Wagstaff: Huge changes are coming in the NHS. We need to be able to model the benefits of these interventions. Collaboration with Oxford. Primetime have a model for increase in F&V benefit in reducing diet related disease and cost reduction in healthcare.

Project funding stopped at the end of May, but data continues. We want to know whether changes will persist when the vouchers stop. We expect to publish end 2026.

Alice Kunjappy-Clifton: Excellent. The prevention side is what we want.

2.3 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	Formal question posed
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	

2.4 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 - confirmed for 16^{th} July
10	Diabetes including social aspects	25fe19	In survey
11	Virtual Wards	25fe21	In survey
12	Johns Hopkins model for classifying patients	25fe21	Pending
13	Process Improvement at RBH	25fe21	Pending

3 PPGs

University Medical Centre:: Paul Williams: A group of patients have proposed a revived PPG to the practice. After some interactions the practice has agreed with all bar having the PPG patient-led.

David Cooper: We achieved quite a lot - a PPG newsletter and most of our proposed terms of reference but not all.

There was general approbation of this advance in patient engagement.

Tony Lloyd: We have a functioning Primary Care Alliance of GP practices for Berkshire West but not every practice has signed up.

Catherine Mustill: I wanted to mention the lack of privacy in a typical high street pharmacy. The serving assistant calls out a name and address - maybe a phone number as well.

No remedies were proposed.

Pembroke Surgery: Jill Lake: The practice had its first PPG meeting now it has a new practice manager. It was a very friendly first meeting. Probably the most significant point was to improve training of receptionists/care navigators so that they recognise that not everyone has to use the online triage.

Tony Lloyd: In Wokingham some practices have abandoned PPGs - saying they are no longer relevant. I am working with Healthwatch on this. Sarah Wise is concerned. Having a PPG is still a contractual requirement.

Simon Shaw: We are still waiting for a response.

4 Trust governors

Sunila Lobo: There has been preparation for the resident doctors action next week.

We had the opening of the Frederick Potts unit for Urology and other elective care - the new building in the South Car Park.

RBH was named employer of the year by the local Chamber of Commerce.

RBH execs will assess 10-year plan - how it impacts strategy.

Alice: The Urgent Care Centre in the hospital is now open. And the Broad Street Mall location is now just a surgery and no longer a walk-in centre. You cannot walk in at the Urgent Care Centre, Referral is from A&E or a GP or via 111.

5 Working with Other PVs

Tom Lake, Catherine Mustill and Francis Brown had attended a meeting with representatives from all 3 Berkshire West boroughs in West Berks. A strategy design team from NHS England was putting their toe in the water of patient engagement.

There were 2 parallel interactive sessions. One dealt with the design of systems for patients and the other with peoples views and feelings about healthcare interactions.

We discussed making a common submission to the Royal Berks strategy refresh.

6 How to handle 10-year Plan

Tony Lloyd: The 10-year NHS plan proposes a radical change in the funding model for providers like the Royal Berks - funding by outcomes. How value or added value will be measured is not yet clear. Dr Priya Singh, chair of Frimley ICB will become chair of BOB ICB and eventually probably of a unified ICB.

The 3 shifts, hospital to community, analogue to digital, treatment to prevention, presae a change in emphasis.

But the document as issued us not a plan - it is a strategy. We must wait for the delivery plan.

Given the shift to prevention and digital one might say that it had greater value for young than for old.

David Cooper: There are standard methods for evaluating outcomes.

Angelika: A noticeable change will be the use of AI for automation of admin.

We resolved to get a speaker on the 10-year plan - leave to October.

Paul WIlliams: Governors are asked for views but never get feedback as to whether it was valuable. Hope this could be improved for the 10-year plan and have proper co-production. We already have patient leaders. But we want wider input.

7 Can RPVG Help with Research at RBH?

Angelika Kristek (Lead Clinical Research Facilitator at RBH): Sometimes we have research projects designed by a clinician or a student. We need lay reviewers for the patient documentation that they produce. Also keen to have comments on the research page on the RBH web site. It would be great if some of you would be involved. Probably it will only be a few times a year. However, please note that confidentiality may apply. We are also happy to have people submit ideas for research.

8 AOB

Joan Lloyd: Please send Carol's email address to me.

Tom Lake to circulate agenda and slides for Healthwatch AGM.