

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	18th March 2026
Location	Committee Room 1, Civic Offices, Reading & online
Present	George Mathew, ACRE John Wakeford, Helena Turner, University Health Centre Raymond Emmet, Sarah Weeks, co-vice chair Balmore Park Surgery PPG Kamal Bahia, BOB ICB Fiona Price, Age UK Berkshire Zainab Koroma James Penn, Milman & Kennet Jill Lake, Pembroke Surgery Cathy Cousins, Pembroke Surgery John Walford, University Health Group Adrian Barker, West Berks Patient Voice Joan Lloyd, Balmore Park Geoffrey Million, Balmore Park David Cooper, University Health Centre Tom Lake, Pembroke Surgery Francis Brown, Balmore Park Sunila Lobo, University Health Centre Deirdre Drukker, Longbarn Lane Tony Lloyd, Wokingham Patient Voice Mark Drukker, Longbarn Lane Catherine Mustill, Emmer Green
Apologies	Paul Williams, University Health Centre Libby Stroud, Pembroke Alex Kardaal, The Advocacy People Alan Porton Simon Collard, Theale Medical Centre

2 Activities

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
7	Explain the GP Improvements Programme	25sp24	Alice Kunnjappy-Clifton	pending
8	Is Johns Hopkins same as Frailty index?	25oc15	Catherine Mustill	pending
9	Carry out analyses of patient experience measures at corporate GP practices, trust-run GP practices and IHO-run GP practices	25oc15	Francis Brown	pending
10	Contact Reading Public Health about patient experience measures at GP practices	25oc15	Tom Lake and Francis Brown	pending
11	Update on RBH Patient Portal	26mr18	Catherine Mustill	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
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 Minutes

Approved.

No further information about the application for list closure at University Medical Centre.

Francis Brown: RBH Connect (the new patient portal website at RBH) - there is no information about where it fits in to the portfolio of apps .e.g. NHS App.

Catherine Mustill: Front end for the hospital - appointments and letters. They do come up on NHS App when the GP enters them into their system.

I will talk about it next time as I have been working with patients to introduce them to it.

CM

David Cooper: Let's discuss it further next time. On the agenda.

Joan Lloyd: Phlebotomy at the RBH - the appointment doesn't show up on the portal. So you need to write it down when you make an appointment.

4 RBH

Sunila Lobo - lead governor: The new CEO has been recruited - James Blythe. We are now recruiting a NED with a background in patient experience. Interview tomorrow. Replacing the Reading University NED.

A fire risk was identified in the maternity department. It has caused considerable disruption. People in the maternity ward have had to move to Dolphin ward. That is already happening. We have looked at maternity and neonatal partnership surveys - it all comes back to poor communication. Given the national interest there is a lot of focus on it.

RBH is also looking at poor post-natal care - considered to affect maternal mental health.

There have been reports in Reading Chronicle of 8 sexual abuse cases at RBH and breaches of privacy in A&E. Also breaches of the "single-sex accommodation" principle. RBH highest in England for these.

There also medical negligence claims at RBH.

The threat to governors - the 10-year plan proposes not requiring governors at trusts. I attended a webinar on the future of

governors. We had a useful breakout session with lead governors. With some trusts chairs are very supportive. We should write to MPs and Lords. Legislation in before April 2027. (Put on agenda for action at next meeting?)

David Cooper: Could trusts have discretion on this?

Sunila Lobo: Yes, governors will no longer be required. Some trusts are already discussing future arrangements including retaining governors.

Wes Streeting very clear about his aims - at a recent conference he was clear about Healthwatch on its way out.

Jill Lake: Is it cost-cutting or clarification?

Tony Llod: We think it is discretionary. THE Neighbourhood Health Framework emphasises that the patient voice is vital.

David Cooper: Governors could form a voluntary organisation.

Cathy Cousins: Are governors paid? Do any agree with this?

General answers: No and No.

David Cooper: The NHS can't abolish RPVG. if governors and Healthwatch are gone - we will still be here.

Catherine Mustill: At the recent Health and Wellbeing Board meeting there was no thought of communication until suddenly there is talk of communication - and all agree. They need to have communication in their pathway. By the way I attended a meeting when we saw great GP apps supporting communication with patients.

David Cooper: Are they up to it at present?

Tom Lake: Perhaps I can just report briefly on the Pembroke PPG meeting we had recently. The process seems to be working with the practice bringing along their phone data and so on. They are creating a panel with staff names and photos in response to our request - but it hasn't hit the walls yet. There is a new check-in system at the surgery - the old one was incompatible with EMIS when the practice changed to that and it has taken some time to get a new check-in panel installed.

The triage system has changed over to GP Triage. It doesn't work on my phone because on my Android Samsung phone there is no facility to write in the date but instead one would have to make many (in my case 967) swipes to change the calendar to one's birth month! This shows that small practices or PCNs are making decisions that they have insufficient expertise and capacity to understand. I will bring this up at the next PPG meeting.

Adrian Barker: At our last PPG meeting the Practice Manager didn't turn up. We did have a good one in November 2025 with a talk on basic first aid - how to save a life. There is a report on our website.

Mark Drukker: I don't if there is a PPG at Long Barn Lane. I am not really planning to get involved.

Geoffrey Million: Balmore Park practice has an nergetic PPG - meeting every 2 months. A GP partner attends. We are active in helping with vaccination clinics etc.

Joan Lloyd: If no one asks you anything - it is as if you were never there. I have been a member of the NHS Confederatin for 3 years. I was asked for breakout session suggestions.

Tony Lloyd: We at Wokingham Patient Voice are having a session tomorrow on the NHS App and the changes in the ICB for April. Also looking at how to increase participation. We do get articles in the local press.

David Cooper: There are big changes at University Medical Centre. GPs are now allocated to specialities - and specifically trained for them. The practice is reviewing the access processes - triage etc. Currently on has to make an 8am phone call for an appointment on the same day. For future days one uses the internet portal. The practice is cutting number of partners from 3 to 2. With the aim of maing better use of resources. Paul Williams quoted a document recommending at least 3 partners.

Francis Brown: Balmore Park changed from monthly to bi-monthly PPG meetings. There is a risk of losing actions or losing the thread. But we do now have a partner attending.

The root cause of the demise of Priory Avenue practice was the loss of those partners who had the zeal to manage a business - 2 partners could be rather risky.

5 HWB workshop and HWB meeting

Tom Lake spoke to his report on the Health and Wellbeing Board workshop on 10th February 2026. Please see the separate report.

Catherine Mustill: I took away - in Reading area - 4 neighbourhoods - with boundaries on ward boundaries.

Adrian Barker; W Berks has same 3 priorities. Similar workshop. Also workshop on mental health. We don't yet have boundaries or hubs identified as far as I know.

Joan Lloyd: The Health and Wellbeing Board is disconnected from patient experience. Not enough opoportunity to ask questions or protest.

Tony Lloyd: The new neighbourhood health guidance published yesterday stresses Best Start in Life.

Jill Lake: There has been a eriffic amount of work on this by voluntary and charitable organisations and Children's Services at RBC. School readiness has been funded by Reading public health for many years. But really you are addressing poverty in many cases.

Success will depend on listening to and involving voluntary orgnsisation.

6 Patient Experience at Large Private APMS Practices

Francis Brown: The GP partnership model seems to be fraying - young GPs can't afford ro buy into a practice.

Practices could be run by a large acute hospital trust or community trust.

What about the private company approach? e.g. Modality runs 32 practices, The results show these privately owned groups have significantly more low placed practices and significantly fewer high-placed practices than would be expected juding by the whole nation. But before we jump to conclusions, could they have been asked to take over in areas of deprivation, where the former practice was failing?

In our patch, Modality operates Wokingham Medical Centre incorporating Burmah Hills. Operose is in partnership at Tilehurst Surgery.

Tony Lloyd: Modality operates in a high income area in Wokingham. Patients complain. As far as I can see there is ao opportunity for patient views to be heard.

Jill Lake: Operose was featured on BBC Panorama - receptionists were pretending there was a GP on the premises when there was none.

David Cooper: The Neighbourhood Health Framework has faster and improved access to GP practices is a goal. sI think the aim is to introduce a reformed set of patient experience measures.

David Cooper: Our link to the ICB is through the Berkshire West Integration Board - which does send reports to the Health and Wellbeing Board but they are not very informative and little discussed. Who is represented on the Integration Board? and other priority boards.

Tom Lake: How is "Health in all Policies" supervised?

Tony Lloyd:: No patient consultation on neighbouhood health implementation in Wokingham.

Tony Lloyd:: We have had no patient consultation on neighbouhood health implementation in Wokingham.

Adrian Barker: We agreed to put an offer in to ICB to assist with developmennt of neighbourhood health. No answer to date.

Sunila Lobo: If governors are no longer in place at RBH - maybe RPVG could step up to being more active in representing the patient voice.

David Cooper: The world has changed. How do we change our way of thinking for this new world?