

Draft Strategic Plan Formulated by the Steering Committee 10th April 2026

Attendees: Mike Howie (MH, Chair), Kamal Bahia (KB), Jane Belcher (JB), Adrian Barker (AB), Karen Swaffield (KS), Tony Hersh (TH)

1. Objectives

Session led by Rob Cao Manager of Dynamic communications agency

- Develop strategic plan and communication plan
- Improve our involvement with wider agencies and explore other governance and engagement structures within local health and social care
- Improve our logo and branding
- Discuss the shared electronic storage area to be used by the PP for agendas, minutes, documents and perhaps recording of speakers presentations on Zoom. Some areas of a shared storage area need to be locked so confidential documents can be stored. Such an area needs to be simple to access and use for everyone. Possibility of using the nhs network shared area (*note this item was not discussed at this time*)

Purpose for today

Develop a clear vision and mechanism to allow this group to connect better with our key stakeholders and meet their needs better

This group wants to become the go-to forum for patient feedback and for various groups of stakeholders to use this group to improve services for patients, provide insights to Practices (through PPGs, Practice Managers and GPs) and to help influence strategy and monitor progress regarding implementation of strategies from Thames Valley Integrated Care Board (ICB)

Discussions and conclusions

The health and social care landscape is changing for several reasons :

- reorganisational changes within the ICB resulting in staffing changes and potential loss of contacts/communication routes
- as of 1st April our ICB extends across the Thames Valley which incorporates 8 local authorities
- loss of Healthwatch as of March 2027
- potential changes in West Berkshire local authority footprint
- the NHS nationally is working towards neighbourhood health which is a cross departmental approach to health and wellbeing

The strategic direction is also changing with more emphasis towards localism in health, care closer to home – in the community, digitalisation as much as possible and patients feeling empowered to look after themselves rather than depending on the NHS.

We have offered to take a lead role in neighbourhood health with the ICB but we need to engage with them and our other stakeholders based on what is important to them as well as understanding what patients and the public want.

It will be important that our interaction in terms of our outputs to our customers are tailored to what our citizens/residents want to achieve and that these outcomes may be different for the different stakeholders.

For example patients want access to the best local healthcare, Practice Managers are looking for ways of reducing their practice workload and improving achievement of targets, PPGs are looking to us to share best practice and for how we can shape healthcare delivery using their feedback and the ICB is looking for consolidated patient feedback on which issues are important that they should address and for examples of cost effectiveness.

Local PPGs can probably do more to communicate to their patients that suggestions of local improvements to help their GP practices could also have a bigger impact on policy decisions and ensure what's important to them gets incorporated into the strategic direction of services delivered locally.

There are several examples of how patient feedback has improved healthcare within our region at the local and national level and it was felt that we could summarise these examples and frame them in terms that are relevant and important to each of our customer groups. Then we can share these with our stakeholders to check

- If they agree,
- ask for additional examples and
- highlight to them why patient feedback to our group is so important. This in turn would demonstrate the benefits of collaborative working and use of the panel to amplify the resident voice.

It was proposed we create a communication pack targeted at each of our groups of stakeholders and identify what priorities each of these groups might have so that we can maximise engagement from them and provide an opportunity for quick wins resulting in more motivation to work together.

The communication plan should be specific for each group and include our thoughts regarding:

How we have helped so far : It was suggested we could work up examples of case studies of what we have achieved and how they help eg improvements in blood taking, supporting introduction of new services eg renal dialysis, hospital parking, engagement on new strategies – health and wellbeing, primary care, ICB, hospital trust, new hospital, dying well etc...

Why we feel we need more information from our stakeholders so we can meet their needs better and help them more going forward

Our plan is to list our and what's important to our stakeholders and list some of the successes this group has influenced. We need to work up additional details here but some examples are as follows :

Patients : ease of use of the nhs app, improving booking of and access to hospital blood tests and gp appointments, improved parking system at our hospitals, improved signposting information through local directories.

PPG Chairs : evidence that their patient feedback is acted upon, shared examples from other surgeries they can put in place in their surgeries eg newsletters, surveys, new initiatives.

GPs : evidence that their surgeries are communicating better to their patients regarding using pharmacies more or implementing best practice from other surgeries or implementing novel methods of improving their targets

Practice managers : want evidence of improved cqc statistics and the other targets they are they trying to improve

Commissioners (ICB/HWB) : wants geographical representation and to be able to deal with one group/one voice that represents as wide a group as possible eg: evidence of us providing consolidated feedback from multiple gp surgeries regarding patient feedback of their desires and their perception of the impact of new initiatives

- working pan Berkshire west which we are with Wokingham and Reading voice
- representing the whole of the District of West Berkshire by engaging with all 13 GP practices =159,000 residents/patients

Next steps

Gain input to this draft strategic plan from our PPGs and wider stakeholders
Discuss this at the Shaw house f2f PP meeting in July

Branding

It was noted that Reading calls themselves Patient Voice and something similar may be a better title for our group

Rob gave out some suggestions for branding and we can ask PPG chairs to seek feedback for the July PP meeting at Shaw House

Social Media

Ask PP members the value of finding a volunteer who can help maintain and improve our social media presence to involve patients more and point them towards the various PPGs