

Date of Meeting	25 September 2013, University Medical Practice
Attendees	<p>Carol Munt, (Chair) Dr Lister</p> <p>Tom Lake, Pembroke Surgery</p> <p>Shaheen Kausar, Chatham Street Surgery</p> <p>Libby Stroud, Pembroke Surgery</p> <p>Juliet Hanfling, Pembroke</p> <p>Martha Klein, London Street Surgery</p> <p>Sheena Masoero, Healthwatch</p> <p>Joan Lloyd, Berkshire Mental Health User Group</p> <p>Michael Spong, Whitley Villa Surgery</p> <p>Laurence Napier Peele, Milman Road</p> <p>John MacDonald, University Medical Practice</p> <p>Iram Raja, Russell Street Surgery</p> <p>Douglas Dean, Westwood Road</p> <p>Dr Ishak Nadeem, South Reading CCG</p> <p>Karen Grannum, NHS South Reading CCG</p> <p>Maureen Chapman, SEAP patient advocacy service</p>
Apologies	Apologies were received from: Keith Jerrome and Christopher Mott

1. SEAP (Presentation by Maureen Chapman)

The charity provides advocate and outreach services for patients wishing to make a health related complaint. It is commissioned by the Local Authority across Berkshire to provide support and help for patients through the complaints procedure. They work closely with Healthwatch who are also commissioned by the Local Authority. Although it is often thought that SEAP stands for South East Advocacy Projects, it actually stands for Support, Empower, Advise and Promote. They are based at Hastings, although any resident can make a call to a dedicated Reading number. They have a small office in Green Park. Their contract is from 1 April 2013 and the organisation was previously branded as ICAS under contract to the Department of Health.

The value they bring to patients is that they offer a free service independent of the NHS. They will help carers or relatives navigate the complaints procedure, particularly where these individuals are not confident using the system. The typical types of services they provide are apologies, explanations and improvements in services. They also receive referrals from PALS. There is a twenty five day response time which they will review with the patient. They will take up any outstanding issues (e.g. resolution meeting or a follow up letter). They can help the patient prepare for a resolution meeting by planning an agenda so the patient gets the maximum benefit.

The majority of complaints are resolved through discussion. They promote themselves across Berkshire. There is a drop in clinic for people to speak confidentially, now at the Warehouse in Cemetery Junction. They are actively promoting the service as much as possible.

Q: Is the advocate a legally qualified advocate?

A: This is an advocacy service and the representatives are not legally qualified.

Q: Will you consider having a drop in area at Tilehurst?

A: We are trying to get a drop in centre in each geographic area, however we rely on volunteers. There are currently three sessions provided at Highbridge House and there will be three more soon after.

Q: Will you be based at Calcott?

A: Calcott comes under the areas for Berkshire West patients. Statistics are reported back to the commissioners who will decide the quantity and location of future locations.

Q: New Directions may be able to help with buildings and locations.

A: Noted.

Q: When a patient rings you what is the time process to return the call and help locally?

A: The patient will receive a call within two days but they also have the opportunity to attend a drop in centre.

Q: Patient representatives regularly hear about things that have not gone well in the health service. What is done to collect those pieces of 'soft intelligence'?

A: If it is a formal complaint it will automatically be captured, otherwise it can be directed to Healthwatch. They often speak to people who do not want to complain which is captured and fed back.

Q: Why would a patient use PALS?

A: PALS can be useful for quickly resolving issues.

2. Patient Voice Ballot

Karen Grannum updated the meeting with the results of the ballot, which took place in the meeting. The following people stood for election:

- Carol Munt and Joan Lloyd (Chair)

- John MacDonald and Joan Lloyd (Vice Chair)
- Tom Lake (Information Officer)

Following a ballot of the individuals at the meeting, counted by Sheena Masoero, the following were elected:

- Carol Munt (Chair)
- John MacDonald (Vice Chair)
- Tom Lake (Information Officer)

The posts are held for six months, and the next elections are March 2014.

3. CCG Update (Ishak Nadeem)

Dr Ishak Nadeem updated the meeting on the following:

- There are extra resources going into targeting year one children for immunisations. This is an important piece of work for the CCG.
- CVD health checks: we are targeting the 40-74 year olds, although we are behind our target following quarter 1 figures.
- We have not received any additional funding to help with the pressure of winter from the Department of Health.

Tom Lake asked for a QIPP update which Karen Grannum agreed to provide. Ishak Nadeem said that all ideas were discussed and put into themes around the four Programme Boards. There were ideas received from lots of areas, which are now being vetted to determine whether they provide value. This piece of work is being carried out by the Commissioning Support Unit. Currently it is not known which ideas are going forwards, however, we do need a constant flow of ideas.

Action: Karen Grannum to update Tom Lake and the group on QIPP.

4. Chair's update

Carol Munt updated the following:

- Attended a conference in Oxford on patient networking.
- Attended a meeting with Healthwatch to look at improving the patient feedback loop.
- A suggestion that the group meets every two months for longer with a steering group to plan and drive forward the agenda.
- Patient Voice members representing their GP Patient Participation Group could feed to Patient Voice key issues raised in their practice.

After some discussion, the meeting agreed this topic was too important to fit in the remaining meeting time. It was agreed the next meeting would not have a speaker but instead concentrate on looking at the meeting structure and terms of reference.

Action: Karen Grannum to include this in the agenda for the next meeting.

5. Call to Action

Karen Grannum updated the meeting about a national event coordinated by the Department for Health called Call to Action. The aim of the event is to ask patient how they think the precious resources of the NHS could be better used given the increasing demands on services, a growing elderly population and budget restrictions.

Although there are no formal plans yet available, the meeting will be held on the evening of 12 November, so please keep that date free [**post meeting note:** the meeting will be a joint event with North and West Reading and will take place in the Kennet Rooms, Civic Centre, from 7.00pm-9.00pm. The meeting will be in two halves: Call to Action will be the first half and the second half will be opportunity to discuss the CCG's Commissioning Plan for 2014/15].

6. Engagement on a Page

John MacDonald informed the meeting that it needs to have a document like the Commissioning Plan on a page, but for engagement. It should have quantifiable aims and objectives and these should come from the Patient Voice.

Ideas presented included:

- Clinicians need to have better ideas on how to engage the voluntary sector
- Overlap, (or gap), within voluntary services and how this impacts patients
- Better communication between surgeries and Patient Voice
- Need to engage other 80% of patients who never attend their surgery (public rather than patients)
- There needs to be a calendar of priorities that match those of the Patient Voice
- Perceived waste of NHS money and how this can be mitigated
- Actual and virtual PPGs
- Different methods of engagement: '*beer, hair and prayer*'
- Celebrating achievements and success
- Conduit of news back to the surgeries to improve patient flow
- Join up with other voluntary groups to do blood pressure checks
- Proactively work in the community around health preventions

John MacDonald agreed to write this up and circulate the ideas for further comment.

7. Any other business

7.1 Sheena Masoero outlined the results of the PPG work she had undertaken so far in her report with some key learning points for the Patient Voice and CCG. This is against a backdrop of trying to increase the profile and membership of PPGs across Reading. Karen Grannum agreed to circulate this document electronically. Karen Grannum and Carol Munt to review the document and respond to the key points from a CCG and Patient Voice perspective.

Action: Karen Grannum to circulate this document. Karen Grannum and Carol Munt to respond to the points of learning.

7.2 Sheena Masoero circulated copies of the Healthwatch document on supporting families affected by suicide.

7.3 A Patient Voice social will be on the next agenda.