

Date of Meeting	26 March 2014 2014, University Medical Practice
Attendees	<p>Carol Munt, (Chair) Dr Lister Tom Lake, Pembroke Surgery Christopher Mott, Milman Road, Dr Kumar Joan Lloyd, Berkshire Mental health User Group/Healthwatch Mental Health Reading Tom Lake, Pembroke Surgery Sheena Masoero, Healthwatch Reading John MacDonald, University of Reading Medical Practice Libby Stroud, Pembroke Surgery Shaheen Kausar, Chatham Street Surgery Kevin Jackson, Grovelands Surgery Adrian Wakefield, London Road Surgery Douglas Dean, Westwood Road Surgery Keith Jerrome Dr Ishak Nadeem, GP, Grovelands Medical Practice and CCG Governing Body Karen Grannum, NHS South Reading CCG</p>

The meeting welcomed Adrian Wakefield from London Road Surgery.

1. Minutes of the Last Meeting and Matters Arising

1.1 The minutes were approved.

1.2 Christopher Mott congratulated Karen Grannum on the quality of previous minutes.

1.2.1 Tom Lake reported that the JSNA was not yet online and Reading Borough Council had not provided him with a pre-published copy. Action: Karen Grannum to feedback this to Kim Wilkins. **[Post meeting note:** The JSNA is now live and a link has been sent to Patient Voice members. Feedback has been sent to Public Health, Reading].

2. Discussion: Proposal to review South Reading Patient Voice

A paper was presented by Carol Munt, previously circulated to South Reading Patient Voice members, proposing to refresh the engagement in South Reading.

2.1 To summarise the paper: the CCG has considered a review of patient engagement in South Reading is timely in view of the submission of its two year operational plans, the move out of University Medical Practice as its headquarters and the completion of a year as a statutory organisation. In addition, there is no formal link between the Patient Voice Group, PPGs or the CCG Governing Body. The proposal for discussion is fewer meetings, but with wider attendance, along with the introduction of a Steering Group to direct patient engagement more formally. Carol Munt added that this could allow an involvement into wider issues such as prostate cancer and diabetes.

The following is a summary of the discussions from the meeting [Italics show response from Chair and Karen Grannum]:

- What meetings would the Patient Voice attend? There are already specific disease group meetings if patients are interested in topic areas such as diabetes, for example.
- Holding meetings where people already meet (e.g. community centres) would encourage greater ethnic minority participation.
- We have spent two years building up this structure and the group is well organised. There is good engagement from a wide variety of attendees and the officers from the CCG. How has this proposal happened?
 - The minutes from the November meeting demonstrated that there were a number of people in attendance who were unclear about the aims and objectives of Patient Voice. Some described it as a 'chat club' with 'woolly' aims. It is sensible to consider broadening out engagement to a wider audience as possible. This group [SRPV] does not have the knowledge to get across more critical information. A meeting was arranged with Dr Elizabeth Johnston to discuss this (CM).
 - Why the secret meeting? This should have been an open meeting with the Patient Voice members in attendance.
 - The meeting was not secret, Patient Voice elected officers were invited along with Healtwatch and Christopher Mott to start the discussions.
 - This group is putting demands in the CCGs, this is why they are accountable to us as patients.
- It is very important that patient engagement supports the CCG objectives. The JSNA identifies the clinical needs of our patient population which translate into ideas the CCG intends to take forward. Patients are key to help shape this. Given the size of the CCG team we are unable to continue to support a Steering Group, open meetings and the Patient Voice Group in its current cycle of meetings.
- This group will continue to meet. We can request the CCG provides us with a meeting room and budget, however, as the group stands, messages are not getting out to the wider public. This does sound like a good idea and could be very good (CM).

- The attendance of the Steering Group has not been decided yet, it is for the group to agree membership.
- We have been working to get PPG membership in surgeries improved with increasing success. The last comments sound like we are being cut adrift.
 - The lines of communication to the CCG are still open. The steering group could decide otherwise however there will be no secretarial support.
- This is a new concept and a new idea and we should give it a go. This could work and do a lot of good. Who in this room has done a lot of work for patient engagement? We need to accept that things need to happen outside of this group (CM).
- This does seem like a good opportunity to get out and talk to more patients. This proposal is moving engagement forwards which is encouraging.
- The Thames Valley Patient leadership programme is looking closely at these proposals to see how they will work (CM).
- This is an opportunity to improve engagement and increase numbers. It is not right to lobby on own areas, the group should be widened out so more people can contribute. Lots of people have experiences they want to share. The opportunities are manifest.
- Why not set a review date? If we are not happy with fewer meetings then we can revisit. It is important that if information is going out to patients it includes East Reading.

2.2 It was suggested at this stage that the accountability as outlined in the paper was the wrong way round. The paper should be revised to say that:

- a reference group would be established from April 2014 with joint accountability to the Governing Body.
 - Membership will be determined by the joint bodies.
 - Up to four large-scale meetings a year, one focussing on outcomes.
- I propose that any decision is deferred.
 - A structure of responsibility needs to be added in.
 - The Steering Group will determine the structure.
 - I would like to forward a resolution that the paper be rewritten and brought back for review including a structure and accountability to the next meeting.

- These proposals will mean that the Patient Voice is effectively split into two comprising the membership stated and the remainder. Will there be an AGM to change the elected officers? Will there be a constitution?
- There will need to be a channel to feed into the Steering Group and it will have to be committed to be effective.
- We need to tap into the biggest voice of all, the PPG groups. They need to feed into the Steering Group.
- We are not getting through to enough people at the moment. We need to engage with people who never go to a GP practice. Yes the Group has had interesting presentations on the JSNA and NHS 111 but how much have we fed back? How many people have not the time to visit a GP practice? How effective has this Group been? People with asthma may go to an asthma event but not join their PPG (CM).
- This has been a good discussion. To recap, the South reading Patient Voice will still exist, Carol Munt is still Chair and a Steering Group will be established.
- There needs to be a set of amendments to review the paper, it is difficult to do that in a public meeting. With help, this group should be able to continue.
- If South Reading Patient Voice continued with monthly meetings plus a Steering Group with joint accountability, including one meeting on outcomes, this would be acceptable, plus the open meetings.
- The CCG does not have the capacity to administratively and clinically support this level of engagement (KG).
- This proposal does reflect elements of the Plan on a Page, agreed to by the membership, so there is virtue in this proposal. Open meetings are thought of as aspirational. Recently, NHS England published a 90 page planning guidance document in preparation of the 2 year and 5 year plans which contained numerous references to patient engagement who should be concerned and in charge. This is something they should be participating in. We do have to make this step to keep ahead with patient engagement and we also need some kind of structure. There must be engagement with Healthwatch as they are able to reflect patient engagement in a way that we are not and these proposals will help us engage with them. The Patient Voice and Healthwatch will be joining together with the CCGs, not being taken over, which would be opposed. This will give us tremendous input and be boosted and will become a strong arm. NHS England and the CCGs will be judged on their level of engagement and have to move forward. This group is strong enough to do this by retaining the core. The Steering Group should be allowed to meet without pre-conditions to enable the process to get going.

- If this group meets, it won't be an effective method of drafting documents. Information needs to be circulated in advance for comments.
- The concept is OK and should go forward with proposed amendments and should not delay the next step.
- The Steering Group should go ahead along with Patient Voice and the amendments as suggested above be incorporated and the Steering Group meet without delay.

The meeting was asked to vote on the following proposal:

That South Reading Patient Voice continues to meet, without the guaranteed administrative and clinical support of the CCG, with the implementation of a Steering Group and with joint accountability as described above (2.2).

Voted to accept: 8

Against the proposal: 1

The meeting was asked to vote on the paper as presented:

Voted to accept: 5

Voting against: 1

Abstentions: 1

The first meeting of the Steering Group will be on 30 April with the four elected Patient Voice members invited.