Reading Patient Voice Group Draft Minutes

Thames Valley 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	15th April 2026
Location	Committee Room 1, Civic Offices, Reading & online
Present	Paul Williams, University Health Centre Jill Lake, Pembroke Surgery Cathy Cousins, Pembroke Surgery John Walford, University Health Group Raymond Emmet, Adrian Barker, West Berks Patient Voice John Missenden, Melrose Surgery Alice Kunjappy-Clifton, Healthwatch Reading Geoffrey Million, Balmore Park David Cooper, University Health Centre Tom Lake, Pembroke Surgery Howard Dobbs Francis Brown, Balmore Park Sunila Lobo, University Health Centre Paul Myerscough Deirdre Drukker, Longbarn Lane Tony Lloyd, Wokingham Patient Voice Mark Drukker, Longbarn Lane John Walker, University Medical Centre
Apologies	Libby Stroud, Pembroke Alan Porton Valerie Gardiner, University 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 Diet, Health and Public Diners

Dr Michelle Thomas, a nutrionist working for research teams at Reading university and University of Nottingham spoke. The work is centred in the DISHED project, of which more can be found here

Diet inequalities. diet and health follow the social gradient, as do life expectancy and wellbeing. Food insecurity in Britain has been 7% rising now to 10%. That means people having days without food, swhich has a detrimental effect on people's wellbeing.

You may be familiar with the picture of the UK recommended EatWell diet. The majority should be plant-based, with little oils and spreads and a small amount of meat and dairy. If alternatives to dairy are consumed theyshould be fortified with the lacking ingredients. High sugar and fat products should be low consumption - but we are consuming a lot more than the recommended fruit, veg and starchy carbohydrates.

We know that most people in areas of IMD[1] 1 and 2 have low fruit and veg intake.

The EatWell visual guide should lead to a complete diet with vitamins and minerals and the main ingredients that we need.

It emphasises whole grains and starchy carbohydrates, like the mediterranean diet but currently without nuts.

Diet is a very modifiable cause of disease. Avoidable diseases caused by diet include Type 2 diabetes, some types of cancer, respiratory disease, Obesity.

It has been suggested that for people on ower incomes the EatWell diet would cost 50% of their disposable income.. For those on upper incomes, 11%.

The Govt aims to reduce premature deaths from non-communicable diseases by $\frac{1}{3}$ by 2030. (SDG-3)

Davdi Cooper: How are we doing on that target? Michelle Thomas: i will look it up and let you know.

Jill Lake: Is there evidence of what poeple who get Type2 Diabetes have been eating?

Michelle Thomas: Yes, from longitudinal studies e.g. Born in Bradford, The Women's Study.

Cathy Cousins: What does IMD stand for? M: Index of multiple deprivation - combining housing, work, crime, income etc - 7 indicators.

[1] Index of Multiple Deprivation, based on social conditions as well as income. 1 = most deprived, 10 = least deprived.

Ray Emmet: Do you look at genetic factors?

Michelle Thomas: There certainly are genetic predispositions - but I am non -clinical - I am a nutrionist, say I won't say more about that.

There are links between diet and mental health - increased likelihood of depression with less healthy diets - but a clinical link is not yet found.

The brain is about 60% fat - omega-3 fatty acid in diet is essential for brain health. Low levels lead to poor cognition and anxiety.

You may know about the British Restaurants established during the 1939-45 war. They offered affordable, healthy sustainable food for people bombed out of their homes. Art work from the National Gallery hung on some of the walls. They were called British Restaurants as Churchill didn't want a more collectivist name. They offered a canteen service.

Along with rationing, British Restaurants improved the nutritional wellbeing of the British people.

We are now looking at whether communal dining can have a worthwhile, beneficial effect today. The project I work on is called DISHED: co-Designing Innovative Infrastructure for Sustainable Healthy and Equitable Diets.

People have many reasons for not preparing their own meals from fresh ingredients: time poor, lack of cooking resources, inadequate accommodation in HMOs etc. Our diners aim to be a universal, state subsidised restaurant providing affordable, sustainable, healthy food for about £5 a meal. There are similar projects elsewhere in the world: In Poland the Milk Bars, in Brazil, working against food insecurity.

The intended approach is to use local produce, cook from scratch, eliminate ultra processed foods.

The Polish Milk Bars are universal, anyone can go and be offered a cheap, simple, nutritious meal.

We think of public diners as public infrastructure like public libraries, public transport, offering a tasty home-cooked meal at aa reasonable price.

Paul Myerscough: It is an interesting concept. Are there any currently in the UK?

Michelle : Our project, funded by UKRI, is piloting public diners in Nottingham and Dundee - it is the centre of a 3-year project which started with exploring requirements and preferences, is running the diners and will eventually analyse the diners' experiences and the overall outcomes.

Sunila: I hear people with allotments in Reading supply food banks - will you do that ?

Michelle Thomas: We source mainly from small farmers.

Mark Drukker: Can your diners provide vegetarian, vegan and other special diets. Michelle Thomas: Yes.

Geoffrey Million: The Place to Eat in Reading's John Lewis used to offer simple nutritious food. Could you do a deal with someone like that?

Michelle Thomas: Once our research is done the work might be expanded further.

Adrian Barker: You talk about universal provision. Is this like proportionate universalism, targeted at deprived groups but open to all.

Tony Lloyd: I come from a food industry background. Have there been any large-scale double-blind trials for your assertions about diet and health?

Michelle Thomas: There are longitudinal studies, e.g. Born in Bradford and the Women's health study.

Tony Lloyd: Will restaurants include meat in their diet?

Michelle Thomas: Yes.

Jill Lake: We have the basis for this in the Whitley Community Development Association. It distributes food and also has a cafe/restaurant. It is a going organisation in a deprived community. There must be similar around the country. It already is trusted by the local community - which is probably quite deprived in terms of nutrittion. Potentially it is a public diner.

Michelle Thomas: We have done a lot of work with WCDA.

We have worked with the WCDA - have run the Fruit and Veg initiative[2]. But we are piloting in Dundee and Nottinghamshire.

David Cooper: Could there be more public diners around the country?

Michelle Thomas:: That would be wonderful.

Tom Lake: On what scale will the pilot run - is it enough to see outcomes in healthcare systems?

Michelle Thomas: About 300 people a day at each diner.

David Cooper: What about more effort teaching cooking skills?

Michelle Thomas: Readifood in Reading has just launched a cooking programme.

[2]Prof Carol Wagstaff talked about this at the meeting in July 2025 RPVG meeting 16 July 2025 addressed by Prof Carol Wagstaff

Paul Williams: I visited Milk Bars in Poland - hard to find - often in tower blocks etc on housing estates. They werved excellent meals. Inequality is quite stark in Poland and pooere people in Poland are using the Milk Bars extensively.

Sunila Lobo: I find it surprising that they are isolating one variable like diet - rather than looking at the effects of all social conditions.

David Cooper thanked Michelle Thomas for a very interesting talk that had evidently elicited a lot of interest from the group.

4 Local Healthcare

Francis Brown: After last month's talk on the ReSPECT form I would like to raise a related issue. The ReSPECT form is a form produced by the Resuscitation Council. You fill it in with your doctor (GP or hospital), who takes the decisions on resuscitation in discussion with you. The ReSPECT form is blue. Now paramedics are saying that you have to have to right (blue) form - but GPs have a white photocopy. Will this be acceptable to paramedics?

Paul Williams: There could be different interpretations in Bucks, Oxon[3]..

Ray Emmett: I went to my GP and said, "Can you record my wish not to be resuscitated?". Th doctor recorded it. GP information and hospital information are being integrated but we are not there yet.

5 RBH Patient Connect Portal

Jacqui Page of the Royal Berks Hospital, assisted by Alex Phillips, talked about the Patient Portal at the Royal Berks and its development.

Current features

- request change of appt.
- can choose to be paperless or not.
- can see patient leaflets
- send text messages for validation of waiting lists
- See pathology lab results etc

Next Month

- Clinical letters in the portal
- Notification by text message of acceptance of your referral
- Patient-initiated follow-up gynae, physiology, urology
- Remote monitoring for thyroid patients - ultrasound

In the future

- Roll out notificiation eg waiting times
- Ability to cancel a referral diitally
- Digitally completing information prior to
- procedure pre-op assessment.
- Reschedule or cancel appts digitally

There have registered 186,296 patients on portal, 66.7

We have had 2.3M log ins <=> 11.6 per patient

Only 12.7% using email and password - rest using NHS app login or similar.

We are asked to prepare road maps - 1,3,5 year roadmaps.

We have 12 new feature suggestions from staff - we would like your comments and additional suggestions please. What has been missed? - what would be most useful?

Sunila Lobo: For older patients, could a relative help?

[3]The Resuscitation Council website says that the ReSPECT process is adopted throughout the Thames Valley except in Slough and Windsor & Maidenhead

Alice Kunjappy-Clifton: Can a carer access it?

Jacqui Page: Currently one can nominate a second email address to have a login for one's account. There is a better way coming in the future using the NHS App's facilities for proxies.

Francis Brown: This is focussed on smartphones only. It is not clear that carers can use them. And with several children it could be a nightmare. Older people may have smartphones but may have little competence in using them.

Jacqui Page: Nothing has taken away paper letters. 96% have smartphones. You can be a carer for a child. Proxy access is coming via the NHS App. There are some features on Patient Connect that the NHS App cannot yet do.

David Cooper: Can the system accommodate feedback?

Jacqui Page: We are talking to patient groups and patient leaders.

Jill Lake: Re facility to report your condition has worsened. Could this create a problem of very unequal use by different users?

Jacqui Page: We give the patients a questionnaire which makes this more objective.

Alice Kunjappy-Clifton: Is this available in differnet languages? Many people don;t understand corporate language, we should use community language.

Francis Brown: Some of the descriptive text are in very poor English - looks as if written by non-native speakers. Also show no signs of consideration of how to explain things to novices. Further, just because 96% have smartphones doesn't mean that they are competent to use them.

Tony Lloyd: If patients are referred to London/Oxford and then returned, can the system cope with that?

Jacqui Page: If they have same system. Eventually NHS App will allow for this.

Tom Lake: Why not have a feedback facility in the portal?

Jacqui Page: We can have a look at that.

Paul Williams: How many other trusts have this? And in BOB?

JP: Every acute hospital has a portal which supplies info to the NHS App. Maybe 45 providers nationally. The system we use is used in Milton Keynes , South West London, maybe by 10 trusts.

Cathy Cousins: Do I access the portal using the NHS App?

Jacqui Page: When you have an appointment at the hospital you should get a text message asking you to register or sign in to the portal.

Jacqui Page: This system started in Milton Keynes in 2017 - they are now doing more and more with it.

Paul Williams:: You need to have a training exercise to get out to people.

Jacqui Page: We are doing that through our volunteer service - going out to hospital areas and satellite sites.

Chair David Cooper thanked Jacqui and Alex Phillips for a most interesting talk and discussion.