

# 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	Kamal Bahia, BOB ICB Jill Lake, Pembroke Surgery Cathy Cousins, Pembroke Surgery John Walford, University Health Group David Penson, Emmer Green Paul Williams, University Health Centre Geoffrey Million, Balmore Park David Cooper, University Health Centre Tom Lake, Pembroke Surgery Francis Brown, Balmore Park Sunila Lobo, University Health Centre Phil Lowry, University Health Centre Monica Charles, Shinfield and South Reading Monica Charles, Shinfield and South Reading John Walker, University Medical Centre Sarah                      ?,                      Emmer                      Green		
Apologies	Jill Lake, Pembroke Surgery Raymond Emmet, Catherine Mustill, Emmer Green Libby Stroud, Pembroke Alan Porton		

## 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 The ReSPECT form and DNACPR

Petronelle Eastwick-Field addressed the group on this topic. Please see her slides (which are available on the RPVG website) for fuller details.

DNACPR is an acronym for "Do Not Attempt Cardio-Pulmonary Resuscitation".

We are talking specifically about Cardio-Pulmonary Resuscitation - not about resuscitation of other kinds. So the acronym is DNACPR not DNR.

Cardio-Pulmonary Resuscitation is the process of restarting the heart after a cardiac arrest (when the heart stops) by rhythmic pressure while forcing air into the lungs (as in mouth-to-mouth resuscitation).

The process can be necessarily violent and is only successful in a minority of cases, with success rates diminishing with increasing frailty.

The ReSPECT form, as used at the Royal Berkshire Hospital is a form completed by the responsible consultant, which records a conversation with the patient and the agreed conclusion as to emergency treatment, especially in the case of cardiac arrest. The form was designed by, and is available from the Resuscitation Council UK Resuscitation Council UK website.

The ReSPECT form is used in cases where the patient has complex needs, frailty or is judged to be near end of life.

Once completed the form can stay with the patient, be kept at home (e.g.in the fridge) and be taken with them to hospital.

A patient who thinks they may be having such a conversation can obtain a blank form from the above website ahead of time and fill in the parts relating to their own wishes and situation in order to facilitate the conversation.

### 3.1 Discussion

Petronelle Eastwick-Field: What do people feel?

Cathy Cousins: My mother was told she would not survive CPR.

Petronelle Eastwick-Field: The decision is made by a doctor in conversation with the patient or carer. This is to relieve a severe burden from patients or relatives.

Cathy Cousins: But I was asked to sign?

Petronelle Eastwick-Field: That would not happen nowadays.

Libby Stroud: What about the patient's opinion?

Paul Williams: To my knowledge only one surgery had full documentation about RESPECT. Education is vital.

David Cooper: What about a Last Power of Attorney (the health and care option)?

Petronelle Eastwick-Field: Trustees can give the patient's views but do not make the decision.

(See the slides for statistics on rates of success of resuscitation.)

There are 2 sorts of cardiac arrest: as a heart condition or as part of a wider disease process.

With any frailty the chest compressions alone in resuscitation are life-threatening.

Survivors, especially with resuscitation out of hospital, generally have a low disease burden and great reserves of fitness. Some are footballers, athletes - the publicity gives false picture.

Paul Williams: The actual situation is not represented on TV.

Sarah Weeks: There are a number of defibrillators in public places. Are they useful? How?

Petronelle Eastwick-Field: The heart doesn't just drop. It goes into fibrillation. A defibrillator can help. But still 90% die. And people with high disease burden are at a disadvantage.

Defibrillation is like a factory reset on heart rhythm.

Paul Williams: Doesn't the risk discourage people from trying?

Petronelle Eastwick-Field: Patient death can give terrible guilt in those who attempt. So I always start by explaining this.

Petronelle Eastwick-Field: The ReSPECT form can be filled in in good health. But it is a document of emergency care. It records a conversation with a responsible clinician.

In law one can refuse treatment. not demand it.

Paul Williams: I was in hospital recently. I was never asked about this.

Alice Kunjappy-Clifton: Where does one store the form? Who can sign?

Petronelle Eastwick-Field: Keep it in a bottle in the fridge, labelled. or put a reference to the actual storage in the fridge. The form would be signed by your doctor, RBH outreach doctor or community specialist clinician.

We are working hard to integrate with primary care.

Paul Williams: Is a bracelet with DNACPR effective?

Petronelle Eastwick-Field: Not in London.

Paul Williams: That's very disappointing. Can't we have a national approach?

Petronelle Eastwick-Field:

In law the requirement is to inform patient what decision has been made. You can ask for a second opinion.

On the RBH website. the section "your stay in hospital" has material relating to resuscitation. There is a ReSPECT form there. We suggest you print it off and fill in your part. Take it with you when going into hospital. 25% of inpatients have one.

We need to plan for emergencies and know what is important to you.

We would welcome a public awareness campaign. Better than alarmist media e.g. Daily Mail.

Alice Kunjappy-Clifton: Not only for older people?

Paul Williams: is there a common approach in the Thames Valley?

Petronelle Eastwick-Field: Yes, but not as well adopted yet at other hospitals.

## 3.2 Thanks

David Cooper thanked Petronelle Eastwick-Field on behalf of the group for a very informative and useful talk.

## 4 Royal Berkshire Hospital

Sunila Lobo: We are recruiting a new non-executive director (NED) with responsibility for your understanding of patient experience and will soon recruit a NED for clinical matters.

Paul Williams: Governors have set up an information point in the RBH. To educate people about governors - a position

npw under threat from government.

Alice Kunjappy-Clifton: ITV Meridian News citrd staff sfracid to come zo work because of violence. Whst isnposition?

Sunila Lobo: The new Royal Berks Chief Executive, James Blythe will take over on 18 May. Governors will be organising a farewell event for Steve McManus.

The trust secretary, Caroline Lynch, is preparing a report on the future roles of governors, now that the government is proposing to make them optional.

The National Association of Trust Governors is doing lots of work on this.

David Cooper: Let's come back to this topic at our next meeting.

Paul Williams: Another resident doctors strike has been announced. This tends to increase presure on doctors.

## 5 Patient Participation Groups

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### 5.1 University Medical Centre

. Paul Williams: We have been told about new tech and new applications. There will ba an AI review of all blood results. The practice is still recruiting more patients. The list is not closed. The size of the property is a constraint, though. Brookside and the West Berkshire GP Alliance have bben doing work on holding consultant clinics at GP surgeries, but UMC is too constrained to accommodate it. The practice has just 2 partneers now ( Francis Brown: This is quite dangerous.) The practice is considering its future.

## 6 Emmer Green

Dave Penson: There was a phone outage which meant that one couldn't phone in to book an appointment or get results for a few days. Catherine Mustill as PPG chair had discussed how the outage had been handled with the practice and some procedural notes had been made for any potential recurrence. It had been a disturbing experience for those trying to phone in.

## 7 Public Health

Alice Kunjappy-Clifton: Reading health checks outreach programme ends in june. It is not funded thereafter.

## 8 Close

The meeting closed at 7.30pm.