

## **KINGS CORNER SURGERY PATIENTS PARTICIPATION GROUP**

### **Minutes of the meeting at Kings Corner Surgery Wednesday 16 January 2013**

#### **Present:**

**For PPG:** Peter Bateson (Chairman), Christine Weightman, Jacek Olejczak, Harry Ruprah, Philip Shelley, Peter Standley (Minutes).

**For Practice:** Dr Choudry, Dr Hamid

#### **1. Apologies for absence.**

Sally Hanson, Laura Consoli, Daphne Luff, Pat Morris, Spike Humphrey, Clare McAteer

#### **2. Matters arising from minutes of 12<sup>th</sup> November**

##### **2.1 Newsletter.**

PB had assembled and circulated for comment prior to meeting. Content agreed subject to some small adjustments and completion of item on EMIS system and web when CM returns. A better photograph of the surgery will be substituted for existing. PB thanked for a well-composed draft.

**ACTION CM**

##### **2.2 Heatherwood Hospital**

Letter to Waddicor and Carruthers has been agreed and sent following an exchange of e-mails. Agreed a copy should be sent to Dr Tong (**ACTION CW**). Also agreed an Information Sheet not now needed in the surgery as subject covered in the Newsletter.

##### **2.3 Report back by PB on BFAJF meetings 9<sup>th</sup> January 2013**

Not all the 15 partners to the Joint Forum were represented. Martin Kettel reported on progress towards having CCGs up and running from 1<sup>st</sup> April when PCTs disappear. 94 of those 97 action points for the changeover have now been met. Karen Mascall has been appointed as the CCG Lay Board Member.

The importance of effective and integrated rehabilitation care for patients with serious health problems was discussed by the Forum. "Care Coordinators" will be appointed charged with ensuring improved cooperation between those in the NHS and those in Social Services with responsibility for ensuring a joined up approach to the coordination of care in hospital and at home. The KCS PPG unanimously welcomed this approach. An analysis of the surgery's costs has shown that 2% of patients consume about 20% of hospital admissions expenditure and would support any change which would reduce the number of admissions/re-admissions and the duration of patient stays. It was noted that re-admissions to hospital are treated as new admissions and incur a fresh admission charge.

## **2.4 Report back by PB on additional “Shaping the Future” meeting at Ascot on 9<sup>th</sup> January 2013**

This followed the structure of the first meeting with about 80 attendees divided among ten tables. PSh noted, however, that a significant number of those present had also attended the first meeting! Uncertainty still exists over which clinics are to remain at Heatherwood after the re-organisation eg phlebotomy? Dr Hamid agreed to raise this with Dr McGlynn in view of the apparent assumption that the number of clinics would be driven by the wishes of local GPs. **ACTION DrHH**

## **3. AOB**

### **3.1 Waiting Room Magazines**

It was agreed the number of these could be beneficially reduced . **ACTION CM**

### **3.2 Poetry in the Surgery**

CW suggested participation in “Poems in the Surgery” scheme could have a beneficial and calming effect upon patients waiting to be seen. The idea was welcomed by the Drs who would consult their colleagues for their views. **ACTION Drs HH and AC**

### **3.3 Accessibility of EMIS to users**

Not clear that this can only be done through the Surgery. DrHH said they were handicapped by not being able to view their input in order to see it from the patient’s perspective. Agreed that when CM returns DrHH would arrange for a volunteer patient from the Group to attend the surgery for a trial input test. **ACTION Dr HH**

### **3.4 Possible sale of Brant’s Bridge medical facility by Royal Berks Hospital**

Consideration of implications carried over to next meeting.

### **3.5 Unreliability of the local ambulance service**

Carried forward from 13<sup>th</sup> December meeting.

## **4. Dates of Next Meetings**

5<sup>th</sup> March 2013 (HR apologies)