



**Wallingbrook  
Patient Participation Group**

**PATIENT PARTICIPATION GROUP**

**ANNUAL PUBLIC MEETING MINUTES**

**Thursday 23 May 2019**

**6.30pm**

**Held at The Ark, Lapford.**

**Present:**

**PPG Group Members:** Maggie Samuel (MS), Bill Graham (BG), Rosemary Rives-Roberts (RRR), Sue Ware (SW), Susan Manley (SM), Lian Cureton (LC)

**Wallingbrook Representatives:** Karen Acott (KA), Lucy Harris (LH), Kate Burns (KB)

**Members of the public present:**

Jeanne Whittaker, Kate Lowe, Vivien Eastwood, David Eastwood, Richard Hassett, Hilary Hassett, Alan Mulcahy, Marie-Claude Mulcahy, Anne Balcomb, and G French.

**Apologies:** Jack Earnshaw, PPG Chairperson(JE)

<b>1</b>	<b>Welcome to the meeting:</b> Welcome by Bill Graham, standing in for Jack Earnshaw of the PPG:  I'd like to welcome you to the Annual Public Meeting of the Wallingbrook Patient Participation Group. Thank you all for coming.  The minutes from the previous AGM were distributed to all attendees to view.  Members of the PPG and staff present were introduced to the public attending.	
<b>2</b>	<b>Minutes of the last AGM meeting</b>	
	Last year's AGM minutes were approved, seconded by KAC for publication on the Wallingbrook Health Group website. Approved.	
<b>3</b>	<b>PPG Chair Report read by Bill Graham on behalf of Jack Earnshaw</b>	

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We are a group of patients who have volunteered to regularly meet with the medical and management staff of Wallingbrook Health Group. We have no statutory powers to affect what the surgeries do, although the government expect that each practice has a PPG. Our role is as a critical friend to the practice and to try to influence the way the surgeries operate by bringing the perspective of patients to any changes being considered.

The PPG meets monthly with a practice partner and the Practice Manager and we set our own agenda regarding what we wish to discuss. We also receive a report from the practice regarding their situation and the issues that they wish to discuss.

We updated the Terms of Reference (our rules) again this year to simplify some unnecessary sections. Although we don't use these rules regularly they help us to understand the job we are here for.

Wallingbrook has continued to go through a lot of changes with the retirement of long standing GPs and additional requirements imposed by NHS England, but the partners and staff always aim to offer excellent services to their patients and to minimise any impact of changes on their patients. The PPG has continued to support the practice throughout these changes, giving patient input.

Last year, there was another patient survey carried out by CFEP. As well as recognising that the overall results were very good, we also looked at the detail comments made by patients and work with the practice to address any negative issues. The only fairly negative issue was the time to get an appointment, but this was during the time that Dr Wielink was off sick. The situation has improved greatly now, especially with the appointment of Tom Humphreys, the Nurse Practitioner. These surveys will, in future, be carried out every 5 years. Patients' views of the care they received at Wallingbrook was excellent, which is probably the most important aspect of the service.

We worked closely with the staff on the creation of a leaflet to explain the workings of the dispensary, clarifying the process of ordering medicines.

We continue to look at Wallingbrook's website to make it easier to find the information you want. We created a set of files to point to services in each village that might help to improve people's health – not just physically but also addressing issues such as loneliness. These files had to be removed because of the somewhat onerous requirements of

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new Data Protection rules. We are pleased that we have now been able to put them back online. The locations of defibrillators around the area have been added this year.

Many changes have come about this year and Karen will explain many of them later. Last year saw the introduction of eConsult, a means to put medical problems to your GP online. You will receive a response by the end of the next working day, which could include a prescription or the need for a face to face appointment. Towards the end of the year the Improved Access system began that provides the ability to see GPs out of the normal hours. Both of these are working well we will continue to discuss the progress of these improved services as we already look at statistics for existing services.

As you probably know there is a small set of your data that you can give permission for the surgery to release to relevant NHS bodies – ambulance, hospital etc. This was very limited information and a wider set called the Additional Summary Care Record has been created that can give vital information to paramedics etc, existing condition allergies etc. Many of you signed up for this during the flu vaccination clinics. Many thanks to PPG members who explained the system and handed out the forms (540 were filled in during the clinics). If you haven't done this, you can sign up at the surgery or via the surgery website.

After lengthy discussions, a Facebook page for the surgery has been created and is an excellent way for the surgery to publicise timely information and updates. Social media pages etc.

The surgery held a Health and Wellbeing in March to let patients come to meet local organisations that they might wish to join. This is part of the plans to improve health through activity – proactive rather than the reactive need to visit the surgery. The day was a fantastic success and will be held again next year, hopefully in a larger venue. Many thanks, and congratulations to Kate Burns after all her hard work organising the day.

Our job is to listen to residents about the quality of the service – such as why you can't get an appointment – but not to discuss the diagnosis of detailed medical conditions. We also look at closely at any changes that may affect democratic. Bearing that in mind we would be delighted to hear your opinions and criticisms. For example, we recently discussed the difficulty of attending the surgery in the absence of public transport. Some villages have access to charities that will transport patients to the surgery, but other villages haven't expressed any need for a service.

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	<p>With the continued reduction in bus services, this isn't an easy issue to overcome.</p> <p>There is a long list of items we have discussed with the WHG that we will put onto the web site as soon as possible.</p> <p>One major plea to you all – We have lost a couple of members over the last year and really need to recruit some more members. The task isn't onerous, just 1-2 hours for a monthly meeting in Chulmleigh. Please let us know if you would be interested in joining us. You can now email the PPG on <a href="mailto:wallingbrookppg@gmail.com">wallingbrookppg@gmail.com</a></p>	
<b>4</b>	<b>Wallingbrook Health Group Report – Karen Acott</b>	
	<p>Thank you everyone for coming, this is the most attendees we have had in a few years.</p> <p>Many thanks for to BG for the very comprehensive Chairs report.</p> <p>From a practice perspective, Dr Wielink's early retirement was felt greatly, and were pleased to recruit our Nurse Practitioner, Tom Humphrey's. Tom is highly qualified, and triages patients with minor illnesses. Tom has eased the pressure on our GPs and enhanced the service we provide.</p> <p>KAC advised of the new network GP Contract, this came into effect on April 1st 2019 it is a five-year contract, containing what has already been described as the 'most significant' contract changes in 15 years. Broadly speaking, the main changes are as follows:</p> <ul style="list-style-type: none"> <li>• Creation of a new Primary Care Network, built up over the five years of the contract</li> <li>• Additional workforce &amp; linked funding through a new Primary Care Network as follows: <ul style="list-style-type: none"> <li>o Year 1 – Pharmacist &amp; Social Prescriber</li> <li>o Year 2 – Physicians Associate &amp; Physio</li> <li>o Year 3 - Paramedic</li> </ul> </li> <li>• Indemnity state backed scheme introduced for GPs</li> <li>• Amendments to QOF</li> <li>• Resources for IT and digital, including greater digital access for patients</li> <li>• 25% of appointments to be available online for GP surgeries</li> <li>• Electronic Prescribing was implementation.</li> </ul> <p>KAC advised this has been the most significant change since 2004; it is both exciting, and scary. The ambition of our PCN is to have a hub at</p>	

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	<p>Crediton. Wallingbrook has joined the Mid Devon Healthcare PCN which consists of the following practices:</p> <ul style="list-style-type: none"> <li>• Bow Medical Practice</li> <li>• Cheriton Bishop &amp; Teign Valley Practice</li> <li>• Chiddenbrook Surgery</li> <li>• Mid Devon Medical Practice</li> <li>• New Valley Practice</li> <li>• Wallingbrook Health Centre</li> </ul> <p>This PCN will come into fruition on 1 July 2019.</p> <p>LH added the Crediton Hub would provide a weekend service of GP &amp; Nurse appointments, reiterating the difficulties around stretching the workforce around 7 day week.</p>	
	<p><b>Questions from the floor.</b></p> <p><b>Question:</b> Wallingbrook emails are a numeric list of gobbledy gook. <b>Answer:</b> WHG aware of this and working on this with the provider. The emails are encrypted for patient confidentiality and security of any patient information.</p> <p><b>Question:</b> The website link to sign onto SystmOne Online is not easy to locate; could WHG move the link to the front page? <b>Answer:</b> KB will look into this and also advised NHS APP is very user friendly.</p> <p><b>Question:</b> Booking an appointment online can be very difficult (last 18 months or so). <b>Answer:</b> WHG recognises that SystmOne Online it is not very user friendly, however NHS Digital is shortly introducing the NHS app to all patients this year which will provide a much improved, user friendly service.</p> <p><b>Question:</b> What is the process for preventive medication and Month of Birth recall or all patients? <b>Answer:</b> KAC advised MOB is to manage patients who have long term conditions on regular medication. A MOB appointment is tailored to the individual depending on the condition. For example a month before your birthday you may be invited to see one or more clinicians, e.g. Health Care Assistant (HCA), Practice Nurse (PN), Pharmacist and or a GP. If for example a patient has a thyroid issue, they would be requested have</p>	

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blood test with an HCA, the result would then be sent to GP or KAC who would contact if required.

If a patient takes no medication, the Practice does not monitor the patient yearly, patients aged 40 to 74 would be invited to have a NHS check every 5 years. This check can discover underlying conditions.

If over 74 years of age, you can ask for a Well Persons check.

**Question:** I was not telephoned to discuss I did not need statins anymore, I feels as though I have fallen out of the bracket.

**Answer:** KAC advised, this is difficult to answer an individual patients care in this setting; Cardiovascular Health Checks calculate all factors to provide a risk of a heart attack in the next 5 years, a change in personal health, diet health and stopping smoking will significantly reduce need for statins.

**Question:** Enquiry to see if 3 months medication could be collected at a time to save driving to Chulmleigh each month to collect medication.

**Answer:** KAC responded, advising GP Practices in rural areas are allowed to dispense medication for their patients, practices are given a fee to dispense the medication, these fees employ staff, medications etc., in turn this subsidises the medical practice. The margin in the cost of medicines have dropped dramatically, as a practice we try to balance patient's convenience and needs, if we lost 20 to 30% of the patients we dispense for to postal service we could lose our Dispensary service. LC added: Collecting medication monthly ensures patient safety, and prevents over ordering where medicines may change.

**Question:** Can unused, unopened medications be returned to surgery and used abroad?

**Answer:** LC advised the practice is not able to do this anymore; many countries do not use or need the same medications as the UK. Storage is also an issue, e.g. fridge items.

**Question:** What steps are in place to prevent over ordering?

**Answer:** LC advised a patient's repeat slip show lists of both regular and irregular medication a patient takes; since the introduction of this the practice has noticed this has reduced the requests.

**Question:** How can I reduce my medication?

**Answer:** Patients are able to ask during an appointment if they have concerns with their medication.

KAC reiterated, if you have questions with your medication the practice is here to answer your questions, do get in contact and ask.

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SM feedback a MOB review was designed to ensure patients have time to ask questions.

**Question:** Where is the PCN starting from?

**Answer:** The PCN Network is made up of the following 6 GP practices:

- Bow Medical Practice
- Cheriton Bishop & Teign Valley Practice
- Chiddenbrook Surgery
- Mid Devon Medical Practice
- New Valley Practice
- Wallingbrook Health Centre

The Hub will be located at Crediton, with all the PCN's working together to staff the hub at the weekend.

**Question:** Are there plans for a sub surgery at Winkleigh.

**Answer:** If Winkleigh has further housing developments our practice list would increase. LH advised no developers had been in contact as yet with the practice to discuss the possibility of investing in a GP Surgery. BG advised that it would be a matter to raise through the Parish and District Council.

BG Closed the meeting, thanking people for attending the AGM.

Next year will be at Winkleigh; in the meantime do contact your PPG should you have any concerns.

Meeting closed at 19:36.

**Date of next PPG meeting:** Thursday 27 June 2019 at 17.30

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