

Wallingbrook Health Group (WHG) PPG AGM Wednesday 11th November 2015

Present:

R. Rives-Roberts; M. Samuel; J. Earnshaw; A. Balcomb; M-C Mulcoihy; L. Lane; D. Carter; S. Smith; M. Miller; P. Griffiths; A. Northcott; K. Acott; W. Sherlock

Apologies: Gill Doe

Welcome and Minutes of 2014 AGM

R.Rives-Roberts thanked everyone for coming and expressed thanks to M. Samuel for past help. The minutes from 2014 were approved.

Proposed by Lynn Lane, Seconded by Ann Balcomb).

WHG PPG Chair's Report: Rosemary Rives-Roberts

The closure of the NT Practice had gone smoothly with many thanks to Bill Dean and Bow Practice had taken over the patients from 1.4.15. There were fewer PPG members as a result. Lynn Lane representing Okement was thanked for her enthusiasm in supporting the branch.

There had been a cut in support for the PPG with Karen Acott and Sam Bunton now attending the meetings regularly and a Dr only on request. The PPG had advised and distributed the newsletters, conducted a sports survey, liaised with the Chulmleigh Recreational association (CRA) over a Healthy Heart bid. It was hoped to provide a bus into the Saturday Morning Activity Club at Chulmeigh and possibly Winkleigh.

The PPG expressed concerns over the loss of local hospitals and memory cafes. Members had liaised with local parish councils.

WHG Report: Karen Acott (Executive Partner)

The transfer of North Tawton to Bow Practice was successfully completed. NHS England has now given 6 months notice to terminate the contract for Okement which WHG has held since 2006. Existing patients will be offered alternative health care at Okehampton Medical Centre, North Tawton, Hatherleigh or Bow. The patient list will close on 1.12.15. There has been no chance of negotiation.

Dr Griff Thomas has resigned from WHG with effect from 30.4.16. WHG is currently overstaffed and will be inviting voluntary redundancies, having to reduce its budget by 20%. There will be no deterioration in service, but changes to rotas and the administration process.

Dr Will Sherlock

Dr Will Sherlock expressed regret about the loss of Okement surgery. He said there had been no room for negotiations and that WHG would facilitate the transition of patients. With the amalgamation of health and social care, money was transferring from health to social budget. In a rural practice, it was not easy to attract young GPs and there were issues about making the practice sustainable. He thanked Karen Acott for all her hard work and to Lynn Lane for publicizing the Okement Practice.

Questions from the floor

What about a consultation process?

There had been no consultation because the time limited contract had just not been renewed.

What redundancies were planned, non-medical or all staff?

*No replacement for Dr Thomas as loss of Okehampton meant fewer Drs needed.
20% reduction in admin staff. WHG to reassess the skill base needed. Over the next 5-7 years there was to be a reduction in income of 5% per year which would impact on the wage bill as WHG provide a living wage for its employees by 2020 and remove loyalty holidays and bonuses.*

Now that there was just Chulmleigh and Winkleigh, would Winkleigh be expanded?

There were no plans to relocate within Winkleigh as there was no funding available. The current surgery was rented 5 days a week and had capacity to open more clinics. Both Winkleigh and Chulmleigh had equal status, the list size in EX19 being 2-2500, the remainder 4000 in Chulmleigh and district.

With 54 new houses being built in Winkleigh with a possible 100 + patients, would a new-build be feasible? Could the Parish Council ask the builders to provide new premises for Winkleigh?

Unlikely.

As the average patient age was increasing, there were more health care demands.

What transport links did Winkleigh have?

Buses to Barnstaple, Exeter and Okehampton.

With the loss of Okement, WHG would not have the right to send patients to Okehampton Hospital.

Where does WHG stand on encouraging younger patients to live healthily?

Healthy Living promotions, Self-care, 5 ways to well-being (Connect, Learn, Active, Notice and Giving)

With the administration cuts in mind, how was WHG going to manage patient telephone access?

Apart from Mondays, the drop in patient numbers would be reflected in response rates. Could use online booking instead, though not able to book a specific nurse.

Would there be more same day appointments in Winkleigh as in Chulmleigh?

No plans, but with the loss of Okement, there could be more appointments with the nurse practitioner.

Would patients consider appointment via Skype or Facetime?

Some felt they would be willing depending on the nature of their condition.

Could WHG send a copy of CLANG to go in Distinctly Winkleigh, deadline day 16th of the month?

The meeting ended at 8pm.