



PATIENT PARTICIPATION GROUP – MINUTES

Monday 30th January 2017

Present: Rosemary Rives-Roberts (RRR), Maggie Samuel (MS), Anne Balcomb (AB), Susan Taylor (ST), Bill Graham (BG), Jack Earnshaw (JE), Lynn Lane (LL), Dr Tim Burke (TB), Lucy Harris (LH), Sam Buntton (SB)

Open forum

Apologies: None

1.0	Minutes of the last meeting	Action
1.1	Will typographical errors be corrected before it goes on the website? Already done and added to website.	
3.1	RRR asked what has happened regarding the patient feedback? Dispensary counter – everyone has been spoken to – this should have resolved. Reception —this has been addressed with the team who are now using the left hand PC and eye contact is being made. Members fed back positively. Dispensary turnaround times – LH reported through the latter part of January this has improved. Cheque payment – cheques are not guaranteed and there is also a problematic banking element as to why we do not accept cheques anymore. Staff were asked how many requests they get to pay by cheque and reported minimal.	
1.6	AB raised that the PPG photos are not in Winkleigh, although she had not been to Winkleigh in the last week. ST stated that a patient has informed her that they have seen her photo displayed. WHG to investigate.	SB
	BG requested update on Lapford board - LH to action.	LH
	Minutes were agreed.	
2.0	Matters Arising	
2.1	RRR raised the following issue on behalf of group –“Imposed dates for holding the meetings”, PPG would all like to keep the meetings to Mondays. LH explained the meetings were changed with the PPG’s agreement to ensure the PPG got to meet with all the partners as they work different days. Mondays would result in either Drs DW or TB attending only. The other partners would like to attend. RRR stated that “WHG needed to bear in mind there are 7 PPG members to agree to a meeting, and then yourselves”	LH

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	(WHG). TB suggested we alternate between Monday meetings and Thursdays. MS suggested we have a short-term trial. Agreed Action - LH to send dates out for remainder of year, 2 nd week of every month, alternating between Monday & Thursday but in draft format (<i>at time of writing minutes this has been done</i>).	
3.0	Forum Feedback	
3.1	PPG Agenda - RRR asked who sets the agenda? RRR felt that there had been a lot of additions from LH recently and therefore anything the PPG wanted to discuss was “squeezed out.” Agenda items must be sent to RRR at least a week before the meeting. LH stated the NAPP booklet was added by KAC for the December meeting, the PPG had agreed to defer this item to the half day event. Therefore only 1 item was added to January’s agenda by LH. The Terms of Reference were also quoted. The previous agenda was devoted to patient feedback as requested by the PPG; no additional items were added by WHG.	
3.1	Communication between WHG & WHG PPG - ST raised that it is difficult when patients ask PPG representatives questions about changes at Wallingbrook if Wallingbrook have not informed the PPG, for example dispensary turnaround in October, choosing a telephone supplier etc. RRR added that “at the moment we feel a bit irrelevant.” TB responded that if WHG make decisions on a change we can ask the PPG about how we should implement these changes and that we take the feedback onboard. TB added that this is indicative of the environment we are operating in and we have to respond to deadlines from NHS England. We are getting into a situation where there are lots of different funding streams and NHSE put out a call for a new initiative and submissions have to be in by the following week. The whole system feels a bit unstable and we are trying to insulate people from that but it is percolating out.	
3.2	Telephones - LL raised a personal issue– the music is “awful” and “tinny”.	
4.0	WHG Update	
4.1	WHG would like to use the meetings more effectively and agree communication methods for changes for example unplanned changes, e.g. service failure. KAC requested this item to be added prior to the December meeting. ST asked whether this meeting was the right time to discuss this and whether we should discuss it at the Blackdown meeting. LH stated we agreed to defer this item from the December meeting to the half day event. TB stated we are keen to explore what the PPG and the Practice want to achieve, what the PPG are conducting yourselves for and how we achieve our aims. The Blackdown visit will be very useful. At this meeting we will be working to update the terms of reference in line with the NAPP booklet.	
5.0	Winkleigh - No update.	
6.0	Blackdown Group Meeting – RRR requested clarification on the Blackdown Group meeting. RRR stated the PPG are a voluntary group, RRR commented that it had felt that WHG had added additional items to the	

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	<p>agenda, and fixed the meeting dates and concerns were raised as to what the PPG role would have in regard to a support group at WHG. TB clarified the PPG is not the doing group but it provides the steer and the shape and the link to what are the statutory services that are offered through the practice. It is about exploring it as a concept and how do we move it forward. LH again clarified that the PPG have the links with the community to enable this to happen. LH stated that Barbara Starkiss is going to come and talk about the support group and how it was set up. As a Practice we would like the PPG's help in creating a similar service. TB responded that one of the positives to this group is that it has the health side and the well-being in the community side and the PPG was the bridge between the two. As a health service we recognise that the current highly medicalised model is unsustainable for the future, for a number of reasons, some financial, but also due to work force as well. We are looking to see what is available in the community, by doing so we can understand where there are gaps and promote filling those gaps.</p>	
7.0	Any other business	
8.0	Part 2 Minutes - None	
8.1	<p>Patient Issues (raised by ST).</p> <p>Monthly collection system for prescriptions. Some patients have a feeling that it encourages ordering of things that are not necessary and stockpiling of drugs, that patients can tick all the boxes on their repeat slip but not actually need them. Unfortunately all agreed that there is not a lot we can do about this. TB explained that we have moved the layout of the scripts so that irregular prescriptions (those not needed every month) are now at the bottom of the script and are separated.</p> <p>OTC stock - Some patients are not happy about the very poor OTC stock in the convenience store compared to what used to be held here in the dispensary. WHG will ask KAC to feedback to the store.</p> <p>GP Allocation - Patients have been rather surprised when they tried to make appointments and then found out they had been moved to somebody else's list (a new GP). They wondered when they were going to be informed, for example Dr Burke's patients going to Dr Gosrani. WHG understood that patients had been sent a letter. TB clarified that we are flexible about who people see but we are required via our contract to have every patient listed with a registered GP. ST raised the hospital systems are out of date and have patients listed with doctors who are no longer working with us, SB clarified that all referrals are sent with the correct GP details, LH stated it is automatically populated from our clinical system.</p> <p>Stapled Prescription Bags – some patients do not like to open the staples. LH asked ST what happened in her experience as a Pharmacist, ST stated that they also used staples. JE reminded all that there is a notice in the dispensary which says you should check your medication before you leave. TB explained that there are very good reasons why we have it securely</p>	

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	closed so we will continue with staples but will offer a staple remover.	
8.2	Wallingbrook Contacts – deferred to March meeting.	
8.3	<p>New Partner - Dr Jarvie is going to join WHG as a new partner in Chulmleigh W/C 10 April. He is currently working in Fremington. His sessions will be all day Thursdays and Fridays. As we configure our rota through the year he may change his days, but we will make sure people are aware of this. WHG will ask Dr Jarvie to attend a PPG meeting to introduce himself.</p> <p>Dr Burke Change of Working Day - As a consequence Dr Burke will work Mondays and Tuesdays, not Mondays and Fridays from April.</p> <p>Recruitment Plans – WHG are looking at what is needed after Dr Guildford leaves and have some adverts out.</p>	
8.4	Locum Status - BG asked whether WHG has locums in a moment. We only have Dr Smith in as sabbatical cover but this was pre-planned.	
8.4	<p>Newsletter</p> <p>Deadlines – March, July, November. Items to be put forward 3 weeks before deadline.</p> <p>Future suggestions</p> <ul style="list-style-type: none"> • ST suggested we write an A4 sheet based on the minutes, WHG agreed that a shorter version of the minutes would be a good idea. • MS stated it would be good to have some feedback from patients – all to collate. 	
	TB raised that we should set a rolling programme – bring draft agenda to each meeting for the next meeting which will cite the regular things and those things that are part of the annual plan for the next agenda. Forward view. PPG happy for WHG to set annual deadlines in draft format.	
9.0	Dates of next meeting: Monday 13th March at 17.45.	

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