



## **PATIENT PARTICIPATION GROUP – AGM MINUTES**

**Monday 28<sup>th</sup> November 2016**

**6.30pm**

**Present:** Rosemary Rives-Roberts (RRR) Chair, Jack Earnshaw (JE), Maggie Samuel (MS), Bill Graham (BG), Karen Acott (KA), Lucy Harris (LH), Dr Tim Burke (TB) and Jess Powell (JP).

**Apologies:** Lynn Lane (LL), Anne Balcomb (AB), Susan Taylor (ST).

<b>1.0</b>	<b>Minutes of the last AGM meeting</b>	
1.1	Last year's AGM minutes were approved, seconded by JE for publication on the Wallingbrook Health Group website.	
<b>2.0</b>	<b>PPG Report</b>	
1.1	Chair Report – see attached (below).	
<b>2.0</b>	<b>Wallingbrook Health Group Report – Karen Acott</b>	
2.1	<p>Karen Acott explained that the surgery has gone through a huge transition over the last year with the loss of Okement contact and closure of the surgery in April 2016. Patient numbers reduced from 8,360 to 6,756 (April 2016), the group now has 6,834 patients registered at Wallingbrook (November 2016). Staff members reduced by 10, which equates to 260 hours per week, 13520 hours per year. Dr Thomas and Sarah Holmes, Nurse Practitioner left earlier this year to move on to new opportunities and challenges in Devon.</p> <p>Karen explained that at the time of the Okement closure NHSE coincidentally awarded the medical record contract to a company called Capita which caused further issues with the transfer. On the day of Okement closure 337 patients remained registered at the practice. The group worked very closely with all stakeholders to ensure the Okement patient list was safely transferred. WHG suggested to NHSE that patient electronic records remained open for 3 months post Okement Closure to ensure patient safety was not compromised during transfer. This was agreed and proved of benefit for record transfers after April.</p>	

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## **New Roles and Structure**

Following the closure of Okement surgery the group has a new structure and some new roles.

- Patient Care Coordinator role is to increase continuity of care. The PCCs are the first point of contact and can liaise directly with the patient's registered GP. This is working well.
- Patient Services Advisor role. The PSAs are first point of contact for same day request and nursing appointments. We welcomed several new members to the team; they are all very positive individuals, settled in well and have lots of new ideas.
- 3 new GP partners joined Wallingbrook Health Group following Okement closure this year. Dr Liz Wilson-Smith, Dr Deepun Gosrani and Dr Rhiannon Starks.

## **CQC Inspection**

Both Wallingbrook & Winkleigh were inspected in March and April of this year; the practices overall rating was 'Good'. We were given outstanding recognition for carer's identification which included a good uptake of carer's checks and pioneering the Pharmacist role in GP Practices.

## **New Registrations**

Since the closure of Okement surgery we have accepted registrations from some patients out of the practice area. We are unable to provide home visits to patients who are not within our catchment area and patients are made aware of this at the time of registration where appropriate.

## **Primary Care Innovation Awards**

Karen recently attended the South West awards and was impressed and inspired by Blackdown Practice, Hemyock. They are similar to Wallingbrook; a rural surgery, with a similar list size. The PPG there has set up a charity to help engage with their community. The charity supports patients by providing a befriending service, someone to chat to, carer support, lunch & tea clubs, short term loan of wheelchairs, supported shopping and escorted transport. This is something Wallingbrook would like to pursue further.

## **Future Focus**

In the future we would like to focus on stronger community leadership and see more community engagement. We would also like to encourage self-care and healthy living. We already do this with our self-care and healthy living week but we would like to encourage patients to do this all year round.

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<b>6.0</b>	<b>Wallingbrook Health Group Report – Dr Tim Burke</b>	
6.1	<p>Dr Burke explained he spends 3 days a week working as Chair of NEW Devon CCG in addition to his Practice role and was able to give a summary of some of the wider Devon issues as well as the national context affecting the Practice. He gave details of how there is a national struggle to recruit sufficient GPs into Primary Care the measures latterly being put in place to address this. Hopefully this picture will improve in the future as the GP workforce is pivotal to sustaining community based care which is seen as key to sustainable services for the future given our aging population and increasing demand for care.</p> <p>Dr Burke stated that at a local level, Wallingbrook has been through a huge transition recently. The partners are pleased with how the Practice is now, everyone feels we have retained stability and new staff members have settled in well.</p> <p>Tim informed the group of STP's (Sustainability and Transformation Plans). This is where across a wide area (in our case the whole of Devon) all commissioners and providers including Hospitals, Community providers and Primary Care should be working as one with one strategic plan. The aim is to start to link services together to provide a Devon wide approach to services.</p>	
<b>7.0</b>	<b>Panel Discussion</b>	
7.1	<p>JE wanted to ask about the Stroke Unit in Barnstaple and the possible closure of this. JE spoke of the 'golden hour' in which they advise if a patient is having a stroke they should be seen within the first hour to ensure they get the correct care in the correct time frame. Dr Burke advised that we need to educate our patients to make sure they get in contact with us/the hospital as early as possible due to our rural location. Dr Burke informed the group we strongly recommend when patients require 999 they initiate the call directly as this avoids any reprioritisation by ambulance control where they are aware the GP Practice is involved might be assuming we have oversight to safety-net the patient which may not be the case and the patient. There has been a Peninsula wide review of stroke services and future service configuration, to include North Devon services, will be based on this work.</p>	
7.2	<p>MS mentioned that she had a discussion with somebody regarding their husband. He has Dementia and recently his tablets changed colour so he refused to take them. KA and TB advised that this would have been the same drug but the suppliers only make a certain amount of the drug in a batch run and there may be a supplier issue. In special circumstances we can brand prescribe but we need to know exactly what the drug and preferred manufacturer is.</p>	
7.3	<p>BG informed us the group there of a café opening in Lapford 2 days a week. He will provide further details. BG requested a noticeboard to display WHG/PPG information. Agreed.</p>	

**Date of next PPG meeting:** Tuesday 13<sup>th</sup> December 2016

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## **PPG Chair Annual Report for PPG AGM 2016**

Good Evening, welcome to the AGM 2016 for the Wallingbrook Patient Participation Group (PPG).

I am Rosemary Rives-Roberts the Chair representing Chulmleigh, Anne Balcomb is the Vice Chair representing Winkleigh, Jack Earnshaw is the representative for Burrington, Maggie Samuel represents Chulmleigh, Lynn Lane representing Okehampton residents who attend Winkleigh Surgery, and our newest recruit Susan Taylor who can represent both Chulmleigh and Winkleigh.

The PPG approached the preparation for this year's AGM with some trepidation – as at each of the last 2 AGMs we have lost a surgery from our group. This year seems safe!

There have once again been changes since the last AGM. A member has left and we have a new face in the group. I will begin by welcoming Susan Taylor who lives in Winkleigh and runs the Antique Shop here in Chulmleigh, she has a background in Pharmacy and has already made some valid contributions to our meetings. Unfortunately Jill Doe, our member from Lapford has found it impossible to juggle her duties as a Mid Devon Councillor with attendance at our meetings. We have reluctantly accepted her resignation, but would like to thank her for all her work and support over the years. We hope that her place will be taken by another councillor on Lapford Parish Council in due course..

We were also in danger of losing our Okehampton representative due to the closure of Okement Surgery, however like many other patients she has re-registered with Winkleigh Surgery and will represent patients who live in Okehampton. I would like to thank her for all efforts to save Okement Surgery, she battled long and hard, working with local councils and NHS England to try and win a reprieve for the surgery, but was unable to do so in the end. Thank you Lynn.

Some things have changed for the better over the last year. Since Wallingbrook changed their staffing structure we now have help from the admin staff in taking notes at the meetings and writing the minutes. We continue to set and write the Agenda for each meeting.

### **ACHIEVEMENTS IN 2016**

- We were consulted about the changes to organisational structure at Wallingbrook and Winkleigh.
- Members of the PPG met with inspector from the CQC as part of the wider inspection of WHG. We explained our activities and spoke with the inspector about possible improvements we could adopt. We have already compiled a list of all the activities available in the locality, and we are still trying to find ways of encouraging younger patients to join the PPG. The surgery received an outcome grade of "good" from the inspection.
- A prospective new member declined to join us after reading the Terms of Reference for the PPG. So we re-examined the document and started to shorten and simplify it. This is still work in progress.
- Healthy Living Week has once again taken place from the 11<sup>th</sup> – 17<sup>th</sup> September. Many thanks to Maggie for organising this event again.

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- Members of the PPG and especially Jack have scrutinised the new website to improve its accessibility and sense.
- We have attempted to keep the “over the counter” medicines in the Pharmacy. Some concessions have been made in that incontinence pads and blood pressure monitors will still be for sale, stocked under the counter.
- We have made WHG aware of issues which concern patients.
- Seating was improved at Winkleigh after complaints that the seating was too low and too few of the chairs had arms.
- The answerphone message for the Dispensary was too fast, making it difficult for older people and those with a hearing loss to assimilate the instructions.
- Suggested improvements for admin by suggesting that patients should be told why their appointment is weeks away eg. GP is on holiday.
- Feedback of praise as well as complaints. The surgery received praise for the way it arranged respite care. They had to look outside the county as none was available in Devon.
- We liaise with other organisations to solve issues for our patients. We contacted LOD to discover the latest way to contact emergency services by text if you are deaf. Two of our members help to run Memory Cafes in Winkleigh and Okehampton and give feedback to WHG staff on issues which affect this group of people.
- I provided a D/deaf Awareness session for the admin and Dispensary staff, after complaining about the lack of training for communicating with deaf people on the phone.
- We have tried to improve the visibility of PPG members by having our photos and a short Bio. on the noticeboard and on the website.

I shall end on the perennial plea to those of you here, if you feel that you have something to offer the PPG, please get in touch.

Thank you for listening and I shall hand you over to Karen Acott for the WHG report.

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