



## MINUTES OF THE WALNUT TREE PPG MEETING HELD AT WTHC ON THE 4<sup>th</sup> November 2025 @ 11 a.m

<b>Attendees</b>	Jacqui Theobald (JT): Sabrina Kan (SK) Anne Burkle (AB) Mary Charlewood (MC) : Ian McColl (IM) Dilip Nathwani (DN) Russell O'Brien (RO) Jean Robertson (JR) Mary McMahon (MM) Anne Baggott (AB) Dan Preston (DP)
<b>Apologies</b>	Hiteshree Nathwani: Stephanie Warren: Steven Riggs: Brian Maxwell: Marion Stevenson-Hoare
<b>New Members</b>	Donna Burbidge
<b>Chairperson</b>	Janet Smith ( JS)
<b>Practice Representatives</b>	Clare Briars(CB)

### 1. Welcome and apologies

JS welcomed all present to the meeting. JS extended a warm welcome to Donna Burbidge.

Apologies had been received from Hiteshree Nathwani, Marion Stevenson Hoare: Steven Riggs and Brian Maxwell.

### 2. Matters arising from the previous meeting

None arising and thus the minutes taken as a true reflection.

### 3. Report from the surgery.

CB reported that pleasingly the long waiting lists for blood tests would now be alleviated as the patients of WTHC could now be referred to the NHS blood clinic at Lloyds Court. CB said they were already seeing a huge difference in waiting times.

Sadly, Nurse Paula Gawronska will be leaving at the end of the year – an advertisement has been set for a replacement.

The DNA numbers remain unchanged – the practice has put in place numerous strategies but still 51 GP appointment, 85 Nurses appointments and 51 blood tests were missed – in total 821 DNA from July to October. Whilst frustrating, these numbers fell within the National average of +/- 4%. JR agreed that whilst the numbers were an issue it did reflect that 96% of patients did attend their appointments.

The Patients Association are holding a webinar on the 19<sup>th</sup> November – “Missingness” to address the complex issues that many patients have in attending appointments and how they can be helped. DB reported that domestic abuse could be a factor. JS and AB would attend and report back to CB and the PPG.

IM asked CB if the staff had looked at the comparative data – CB acknowledged that this had been done but felt that until there was a national directive e.g. charging patients that repeatedly DNA, nothing further was feasible.

#### **4. Report on Healthwatch meeting**

JS reported that she was very disappointed both at the attendance of the Healthwatch meeting and the outcomes. The one positive was that the PPG chairs in attendance were keen to resume meetings between practices. CMK surgery kindly offered their premises, but with so many changes JS felt it would be down to the PPG's to implement. JT had asked Healthwatch - who would be responsible in the future but could not get a positive answer.

*Post meeting update : JT has received confirmation that whilst the ICB would assume the support role for PPGs – no plans at this stage to reintroduce regional PPG chair group meetings.*

#### **5. Patients Association and The National Association for Patient Participation Groups.**

In view of the Healthwatch lack of support, discussion held on possible avenues for PPG groups. AB spoke about the Patients Association – who had worked closely with a group in Hertfordshire and West Essex, but this had been a one-off funded project. JT suggested we ask the Patients Association to join one of our meetings.

*Post meeting update – The Patients Association had written to explain that they are a small organisation which does not have the resources necessary to engage with thousands of PPGs to form a network. Their work in Herts, and West Sussex had been funded by the ICB. They were also unable to provide speakers.*

In view of the future changes CB agreed to look into funding WTHC PPG enrolling with the National Association for Patient Participation Groups. The annual fee would be £80.

#### **6. Macmillan Coffee Morning**

JS had great pleasure in reporting that the coffee morning had raised £721 – thanks to all those who helped with the event and to those who donated.

Discussions were then held as to which “local charity” we could assist in future coffee mornings.

#### **7. Walking Group**

JS reported that the walking group was progressing well and would always welcome any new members. DB asked if she could participate – and if she could walk with a dog. JS would clarify with the Parks Board.

#### **8. Newsletter**

The Autumn Newsletter was now completed and available to patients. JS reported that it was on the WTHC web but there appeared to be a problem accessing. The surgery would investigate and request the assistance of the surgery IT specialist.

## **9. Any other business**

Discussions held as to the success of Engage Consult – interestingly this was now a national project and whilst WTHC had experienced its benefits, several areas in the UK were not embracing the concept.

As opposed to a year ago when patients would be queuing at the entrance from 7 am and facing a telephone queue of 30 – now perhaps only six patients in the telephone call waiting. RO recommended that the surgery consider opening the Engage for 12 hours e.g. 7am to 7:30 pm.

IM requested where WTHC sat in the regional surgery ratings. RO reported that pleasingly he was able to confirm that WTHC had been rated in the top 10 – thanks to the staff who had worked hard to improve services. CB noted that WTHC was often used as a training facility for other practices.

Concern was expressed by IM on the post op care of patients. CB noted that whilst the GP practices were often requested to remove stitches and replace dressing etc the total post op care was not governed by the GP practice.

SK requested clarification on reports sent to the surgery -often addressed to GPs that were no longer at the practice hence MK hospital need to update records – CB assured that all reports were processed correctly and stored on the patients records.  
*Post meeting update : Consideration be given to advising patients that when they attend MK OPD, they inform the departmental receptionist of the name of the referring Dr.*

DP reported that WCC liked the idea of having a “health” theme at one of the Walnut Tree markets. CB suggested a BP tent for attendees, mobile health units and an information desk with all the health leaflets. Sadly, WCC were unable to financially support the purchase of equipment for the surgery.

AB noted that the ICB had expanded to include Peterborough, Cambridge, Luton MK and Bedfordshire. Interestingly CB noted that with the demise of the CQC, WTHC had not been inspected for 10 years.

RO asked why the waiting list to borrow BP machines was so long . CB reported that often patients did not return the apparatus – RO recommended that patients be asked to pay a refundable deposit which may encourage a speedy return of the equipment. CB would consider.

With no further business JS thanked the members who had attended. The next meeting has been scheduled for the 13<sup>th</sup> of January 2026 at 11 a.m.

