

Spring 2026 Newsletter

We are excited to share the latest updates from our Patient Participation Group (PPG). The Patient Participation Group (PPG) is a group of 9 patients who work with our healthcare team to improve the care and services we offer. We aim to make sure that Chilcote Surgery reflects the needs and wants of our patients, and we welcome your input.

This newsletter is a way for us to keep you informed about the work we're doing, share opportunities to get involved, and provide valuable health information to support your well-being.

Changes at Chilcote Surgery

- We are pleased to announce that a new Advanced Clinical Practitioner, Isobel, and two new Practice Nurses, Michelle and Carly, have joined the team.
- In the coming weeks, we are hoping to also add a new receptionist, phlebotomist and pharmacy technician to our ever-expanding team

COVID-19 Vaccinations – Important Update

The national COVID-19 vaccination programme is changing, and for the first time GP practices are now able to deliver COVID-19 vaccinations directly in-house rather than through Primary Care Network hubs. From April 2026, individual practices can sign up to provide COVID-19 vaccinations themselves, improving convenience and local access for patients. The Spring 2026 COVID-19 campaign will run from 13 April to 30 June 2026, focusing on eligible groups including adults aged 75 and over, residents in older adult care homes, and people aged 6 months and over who are immunosuppressed. We will be delivering vaccinations in-house this season and will be contacting eligible patients in the coming days to book their appointment.

History relating to Dr Chilcote

Something to ponder: in late-19th-century St Marychurch, there may have been a miscarriage of justice involving John “Babbacombe” Lee. In 1885 he was convicted of murdering Miss Emma Keyse at The Glen on Babbacombe Beach and of setting fire to the scene, though the case was largely circumstantial. As the only male resident and with a minor theft record, suspicion fell easily on him. His three unexplained escapes from Exeter’s scaffold trapdoor later became world-famous. At the St Marychurch Town Hall hearing, reporter Crow-Quill (7/10/1904) wrote that Lee briefly appeared in a tower window, smiling and coiling a curtain sash as a signal to his sweetheart, Kate Farmer, watching from Hampton Avenue. Lee insisted on his innocence throughout, remaining calm and rooted in his Christian faith.

The mystery deepened with alleged death-bed revelations from Reginald Gwynne Templer—a frequent visitor to The Glen who, due to illness, had behavioural issues. He was said to be involved with The Glen’s cook (Lee’s step-sister) and had been Lee’s trial solicitor until becoming too unwell. Before his death in 1886 at age 29, unconfirmed reports claimed he often spoke in the sanatorium about Emma Keyse’s death, fuelling rumours that the truth died with him. Local medical officer Dr. Chilcote, involved in the hearing, noted that Lee’s trousers exhibited at trial smelled of paraffin—something absent during his original examination. This suggests Lee may have been known to him as a patient, and perhaps Dr. Chilcote believed in

Lee's innocence, even possibly influencing events surrounding the failed trapdoor. We will never know.

Ref. and with thanks to Ian Waugh, Torquay Times, and South Devon Advertiser Friday 7th October 1904. Babbacombe & St Marychurch History Society, Herald & Express 16th March 1936

Coming Soon: Accurx Navigator – helping you access the right care more easily

We are looking to introduce Accurx Navigator, a new digital tool designed to help patients quickly find the most appropriate care for their needs. It works by signposting you to trusted NHS resources, such as pharmacy advice, mental health services, and self-referral options, for a range of common conditions, all through the online Patient Triage form.

You will continue to have the option to contact the GP directly, but Navigator can often guide you to effective self-care or alternative services without needing an appointment, helping free up GP time for those who need it most.

We'll share more updates as we move closer to launching this feature, which is designed to make accessing care simpler, quicker, and more convenient for our patients.

Introducing Abtrace – revolutionising how we manage long-term conditions

We are also exploring the introduction of Abtrace, an intelligent clinical platform designed to transform how chronic diseases are monitored and managed in primary care. Abtrace continuously scans a patient's full health record to identify what monitoring, tests or preventive interventions are due, enabling safer, more proactive care and reducing missed opportunities for early intervention. The system automates recall processes, sends self-booking links, and provides real-time dashboards showing what each patient needs—helping practices streamline care, reduce duplication, and improve overall patient outcomes. Real-world NHS data shows that Abtrace can significantly improve monitoring rates, reduce clinician workload, and support earlier detection of deterioration or newly emerging conditions, making it a powerful tool for modern chronic disease management.

Changes to Your GP Practice – A Brief Update

Over the past year, national changes to the NHS GP contract have significantly altered how GP practices work. These changes aim to improve access and response times but are being introduced at a time of unprecedented demand on general practice. We want to be open about what this means for patients and our team.

From October, GP practices were required to keep online contact systems open all day for routine requests during normal opening hours. This gives patients more flexibility and helps reduce early-morning phone queues.

Online access is used for routine and urgent requests, but they are handled differently:

- Routine requests include medication queries, fit notes, nursing appointments, referral queries, administrative requests and test results.
- Urgent requests are prioritised and assessed quickly for safety.

When demand is exceptionally high, practices may temporarily pause urgent online submissions so urgent problems can be managed safely by phone or in person. Following clinical review, some urgent problems may be signposted to other NHS services (such as

community pharmacy, NHS 111 or urgent care) where this is the most appropriate option.

How requests are processed

All requests — whether made online, by phone or in person — are triaged by a GP for clinical urgency before next steps are decided.

We use Accurx Triage to support safe and consistent handling of requests:

- A GP reviews each request to assess urgency and clinical need.
- The more detail you can include in an online submission (symptoms, duration, relevant background), the easier it is to triage safely.
- Requests are then managed with advice, an appointment, another clinician, or signposting where appropriate.

Our reception team do not influence clinical decisions. We ask patients to be courteous and polite to them and to provide as much information as they feel comfortable sharing to support safe triage.

Demand has increased sharply, particularly online.

Example figures:

- Online submissions Jan–Feb 2025: 8,309
- Online submissions Jan–Feb 2026: 11,952
- First Monday in March 2025: 228
- First Monday in March 2026: 411

Over the last 12 months, we have recruited 3 new GPs. Despite this, demand continues to far outstrip capacity, meaning we must prioritise care carefully to keep patients safe.

Although national funding increased last year, much of this was absorbed by rising costs, including higher National Insurance contributions and inflation. This means practices are being asked to deliver more access and faster responses without a matching increase in real, usable funding to expand staff or appointments.

What's changing from April 2026?

From April 2026, the contract focuses on response times:

- Urgent requests: same-day response
- Non-urgent requests: response by the end of the next working day
- Requests may be handled by the most appropriate team member, not always a GP
- Patients may be signposted to other NHS services where clinically appropriate

These requirements place significant additional pressure on practices when demand exceeds capacity.

General practice is facing record demand, rising costs and increasing expectations. Despite this, our team remains committed to providing safe, appropriate and timely care. Please ensure that if you no longer need your appointment, that you let us know in plenty of time so that we could offer it to someone else.

We thank you for your understanding and patience as we continue to adapt under extremely challenging conditions.

Your Feedback Matters

After each appointment with Chilcote Surgery, you will be sent a quick survey on your approach, which is reviewed by the Management team, and the responses are discussed at each PPG meeting. If you would like to opt out of these messages, please contact us as submissions are anonymous and we can't action requests without patient information.

Get Involved: Join the PPG

We're always looking for new members to join our Virtual Patient Participation Group. If you are passionate about improving healthcare services and have ideas to share, we would love for you to get involved. If you're interested in joining, please contact us on our email address or by filling out a form in reception.

Stay Connected with Us

Email Us: If you have questions, suggestions, or want to join the PPG, feel free to reach out at d-icb.chilcoteppg@nhs.net, Follow Us on Social Media: Stay up-to-date with PPG activities and upcoming events by following us on the dedicated PPG page on the Chilcote Surgery website - www.chilcotesurgery.co.uk/patient-participation-group