

# Dawley Medical Practice Patient Forum

## Minutes PF Meeting 15 March 2024

### Attendees:

Patrick Spreadbury (Chair) – PJS; Lynn Pickavance (Vice Chair) LP; Kate Ballinger (KB); Maggie Hunt (MH); Dianna Young (DY); Vivien ??(V); Denise Hallett (Practice Manager) DH; Jayne Mackay (Reception Manager) JM; Bhavisha Sookraj (NP) BS; Dr Katherine Lovett (KL); Gary Dirkin (Secretary Charlton MP PPG) GD (Observing)

### Welcome:

PJS welcomed Gary Dirkin, Secretary & Acting Chair Charlton MP PPG to the meeting as an observer.

### Apologies:

Diana Clarke; Neil Clark; Paul Carter; Jenny Carter; Brian Churm; David Hunt: Julie Prentice

## Minutes and Actions of Meeting December 2023

The minutes of the meeting from 09 December 2023 were accepted as true record of the meeting.

### Actions:

KB was asked to share details with DH of volunteer groups who may be able to assist with some grounds maintenance (gardening).

PJS to report under item 4-(site maintenance) on contact with Clerk to Dawley Great Council on removal/erection of perimeter fence as per Enforcement Order of February 2024

4. DH gave an update on developments at the Practice since last meeting.

### Staffing: -

Dr Bufton would be back at the Practice in April on a phased return after the Easter break after being on sick leave for 12 months recovering from cancer treatment. Meanwhile, regular locum GPs, Dr Oluchi Ashiegbu and Dr John Davies will continue to provide locum cover. There has been recruitment into vacant positions in reception due to 2 staff retiring. All other staff remain the same, with the Practice continuing to support their further development & training. The Practice is looking at bringing in an apprentice for the admin/reception team to manage the continued growth of the Practice.

**New Phone system: -**

After a short delay to carry out some necessary remedial work the new cloud-based phone system went live on 21 December 2024 and continues to work well with praise from both patients and staff. JM reported that there had been a welcome reduction in call wait times and patients were appreciative of the virtual call back queue system. With access to more lines, medical staff were able to call out without having an impact on the lines available for patients to ring in. LP raised the issue of whether patients calling in on withheld numbers would be able to receive the option to have a call back. JM explained that without a number the system cannot trigger a call back.

**Facebook: -**

Katie Smith (Admin) has managed to set up a Practice Facebook profile which provides information only and does not currently allow for comments. DH confirmed that this may be changed once the Practice administrator had got to grips with monitoring and updating the media page. DH informed the meeting that there was lots of local and national information to post and hoped too that promotional material for the patient forum group could also be posted. The Practice would appreciate more patients joining and sharing content. JM explained that there was still a previous FB page listed for Dawley Medical which was proving difficult to remove. The current FB page is listed as Dawley Medical Practice with a photo of Webb House. To remove the problem with accessing the FB page it was suggested that Webb House be added to the FB page title: Dawley Medical Practice, Webb House. Screenshot below of current Dawley FB page.



Dawley FB  
opage.png

**Site Maintenance by Assura**

PJS reported to the meeting that after he and Cllr. Hunt had had a number of phone calls with the Clerk of Gt Dawley Council about the state of the perimeter fence and verges around the car park the town council, who now have a 2 year lease on part of the car park, issued an Enforcement Notice to the landlords, Assura, in January, to clear the debris and detritus from the verges and remove and replace the perimeter fence by 9 February 2024. Nothing had happened until the morning of Friday 9 February when contractors from Grimsby were onsite to clear the rotten fence. They informed PJS/LP that they had to submit a quote to Assura for erection a 6ft fence. As nothing had been done by 26 February to comply with the initial EO, Clerk to Gt Dawley Council contacted PJS to inform that the T&W Council has had to issue a further order for the fence to be erected by Friday 22 March. Failure to comply will result in T&W council arranging for completion of the job by local contractors and submitting bill to Assura.

## **6. Appointments: –**

DH reported that the Practice continues to offer appointments via telephone, face to face at the Practice Reception and via online/digital sources. The recent patient survey shows that most patients are happy to contact us by telephone, however, 12% still want to be able to come in to speak to staff at the reception desk. The Practice is looking to extend the availability of online booking of appointments for patients who need annual reviews, medication reviews, screening appointments.

Based on patient feedback, gathered from the surveys carried out on different days and times during surgery sessions in February/March 2024 by Lynn and Patrick, the Practice is looking at ways to increase the number of face-to-face appointments without detrimentally affecting capacity. This could be directly booking face-to-face for children (who are often brought in to be seen following a telephone consultation), and vulnerable, elderly who may struggle to discuss health matters over the phone, as well as those who prefer to be seen rather than telephone or video appointments and those whose health concerns do not improve following a telephone consultation. DY asked if the Practice was also going to offer video consultations if patients requested them. DH confirmed that these are already available and being used.

To illustrate the improving situation for appointments at Dawley Medical, DH provided some average figures for appointments per 1,000 patients on Mondays (usually the busiest day of the week) = 33-37 appointments, whereas the ST&W average is 23-25 appts per 1,000 patients.

DH reported that the patient list size continued to grow steadily and was currently 10,501 with several new patients migrating from other T&W practices and those new to the area.

DY had mentioned that there was a message on the phone saying Monday was for urgent care only appointments. Denise explained that Mondays and Fridays continue to be the Practice's busiest days in terms of urgent work, not always phone calls. It is best not to call for results or routine appointments on those days. There is no message on the phone line as you call in, but you will currently be told about urgent care appointments once you get to speak to a receptionist if appropriate.

MH mentioned the text message that had recently gone out to say that the practice was short staffed due to staff sickness and patients were advised only to call the Practice if urgent. MH was unsure if this was for one day only or an ongoing situation. Perhaps it could be made clearer by the Practice to avoid any confusion. DH accepted this and said the Practice would make this clearer on future text messages.

### **Jayex screens**

PJS/LP raised the issue of some confusing messages appearing on the Jayex screen in the reception when patients are being called for their appointment.

Action: DH to make sure screen correctly set up so that patients receive clear messages.



Dawley Jayex  
Message.jpg

### 5.i. Appointments in General Practice – GPAD

PJS had shared the latest set of figures for T&W practices and for January 2024 and separately for January 2023 – January 2024 for Dawley with group members prior to the meeting. Please see Appointments under item 4.

### 5.ii. General Medical Services Contract 2024/25- Appointments

PJS highlighted sections of the proposed contract for general practice due to come into force on 1 April 2024 relating to appointments. There is a recommendation that in future patients should be able to book an appointment over the phone and not be required to complete a triage request online. As outlined in section 4 on Appointments Dawley MP already operates this system for patients who do not have digital access.

The new contract also requires that ‘continuity of care to be considered when determining the appropriate response when a patient contacts their practice’. DH pointed out that due to working patterns for clinical staff this might not always be possible for appointments one or two days ahead, and that GPs may work as a team to provide continuity. However, for non-urgent appointments booked ahead this should always be done whenever possible. DY agreed that this would be welcomed by older patients who preferred to see the same clinician.

## 6. Practice Patient Survey Spring 2024

As reported in item 4 above PJS and LP spent five 3-4hr sessions on different days and at different times over 4 weeks requesting patients complete the same patient survey questionnaire used in October/November 2023 to monitor changes in patient responses since the Urgent Care Hub and then new telephone system had been up and running. Just over 100 surveys were completed.

The results of the survey showed some improvement in call response times, access to appointments and satisfaction with service. Full analysis of results together with pie charts and graphs for individual responses attached below.



Dawley Data  
Accumulated 2024.xl



Final Comparison  
2024.docx

## 7. Spring Covid vaccinations

DH informed members that the Joint Committee on Vaccines and Immunisations (JCVI) and the Govt had recommended that the following cohorts have now been announced and authorised for receiving a covid booster vaccination between 15/22 April -30 June 2024:

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- Residents in care homes for older adults (from 15 April)
- Adults aged 75 years and over (from 22 April)
- Individuals aged 6 months and over who are immunosuppressed (as defined in the [Green book, chapter 14a; tables 3 and 4](#)). (from 22 April) This includes those who turn 75 years old by 30 June 24.

Visits to older adult care homes and eligible housebound patients should begin on Monday 15 April. For all other eligible cohorts, vaccinations should start by 22 April and be completed by 30 June 2024. The National Booking Line will be open from Monday 5 April for patients to book an appointment at local vaccine centres. There will also be local walk-in centres which will be notified locally.

Wrekin PCN (Dawley, Hollinswood and Wellington MPs) has decided to opt out of this vaccination campaign. Eligible patients can book their vaccination via the NHS National Booking Service by dialling 119 and they will be able to book patients into the closest and most convenient appointment.

The JCVI has also recommended that the same cohorts may be eligible for a further booster in autumn 2024.

## 8. Pharmacy First Scheme

DH explained that the Pharmacy First scheme was now available across Shropshire, Telford & Wrekin pharmacies with pharmacists now able to prescribe within given guidelines antibiotics for a range of minor ailments as outlined in the attached information press release from the Shropshire, Telford & Wrekin ICB.



Distance selling pharmacies will not complete consultations for acute otitis media (earache).

PJS/LP informed the meeting that they had recently had a meeting with the ICB/NHS ST&W Acting Assistant Director for Primary Care, during which the Pharmacy First scheme was discussed and assurance was sought that all pharmacies across the ICB patch did indeed satisfy the certain prerequisites (see below) necessary to take part in the scheme as some doubts had been expressed:

- i. qualified personal
- ii. a discrete room for confidential consultations
- iii. training in using an otoscope ( if required)

DH explained that the new Pharmacy First scheme has replaced the Community Pharmacy Consultation Service and that pharmacists would refer patients back to their GP for further investigation if thought necessary. All interactions with the pharmacists within the scheme would be entered on the patient's medical record.

A discussion about the scheme between PF members followed on where questions asked about the extra pressure the scheme would bring for pharmacists already in

demand with on the day prescriptions issued by GPs following an appointment as well as online or POD pre-ordered prescriptions. Members also discussed the varying priority listing of contacts (GP, Pharmacy First, NHS111) for patients requiring non-urgent and OOH advice treatment. Needs to be standardised across NHS documents.

## **9. Patient Forum – Listening Table**

From their experience carrying out the patient survey PJS & LP highlighted the benefit for some patients of having a sympathetic ear of a fellow patient to raise some of their general concerns, questions and suggestions which do not usually get addressed in their consultations with clinicians. We were able to listen and make clear that we were unable to answer medical questions but could in most cases offer advice and direct the patient to the relevant member of staff or outside agency.

PJS/LP suggested that the Patient Forum had a regular 'Listening Table' for patients situated in Reception available to assist in addressing any non-medical questions patients might have such as: -

- Using the NHS/Patient Access apps
- Access to Facebook Page
- Completing an e-consult form
- Assistance using the Blood Pressure/Height Weight machines.
- Information about the Patient Forum
- General info about the practice e.g. Urgent Care Hub, appointment system, recent changes, promote clinics

MH raised her concerns about what she perceived as possible lack of appropriate training and competences of PF members in addressing some issues that patients might wish to bring to the table. Assurances were given that Dawley PF and other similar PPG initiatives elsewhere in UK had no intention of setting up a quasi-professional advisory service. Given that assurance MH was happy for a pilot run to take place.

## **10. Introducing Dawley MP staff**

Bhavisha SOOKRAJ Nurse Practitioner was welcomed to the meeting. Bhavisha explained a little about her background that she was now part of the Practice Urgent Care Hub team working with other ACPs/Paramedics and a GP in the Hub. She outlined how patients are initially triaged by a member of the team and are brought into the Hub if it is thought necessary for further investigation. As the team members are all in the same room now with a GP always in attendance, medical questions requiring GP input can be answered straight away rather than having to wait until a GP was free. If patients were called in, they would be seen in a private consultation room. Bhavisha is currently studying for her Masters in Advanced Clinical Practitioner.

Dr Katherine LOVETT – GP Partner was welcomed to the meeting. Dr Lovett introduced herself and gave a brief resume of her family and professional background before joining Dawley MP as a partner. She informed members that she would be the lead GP for women's health in the Practice, together with nurse practitioners and advanced clinical staff, and would also be doing minor ops. She told members that she was a 'hands on' GP and that Dawley MP was the type of medical practice that she felt very comfortable in. Dr Lovett was able to answer a query from DY about the

level of personal detail sometimes requested by call handlers during initial triage conversations. Dr Lovett explained that for call handlers to be able to direct patients to the most appropriate clinician this was the sort of detail necessary to decide whether a patient needed to be called into see a GP

## 11. AOB

LP/ KB / DY wished to raise the issue of prescription medications being changed from branded to generic /removed without prior discussion with the patient. Depending on the drugs in question this could lead to anxiety and concern for the patients involved. DH explained that Practice IT systems would automatically remove drugs from “active” to “past medication” screens if they had not been ordered for more than 12 months. The patients explained that clinicians also appeared to be moving drugs into past without discussion or informing the patient. It was felt that there is no prior discussion with the patient and notification by text message is not always the most appropriate way to advise patients of any change as not all patients, especially elderly ones, have a mobile phone. To see a change in medication when receiving drugs from the pharmacy can for some patients be quite stressful.

**Action:** DH to discuss this with the Practice pharmacy and clinical teams.

DH enquired if PF had received any information yet on the Healthwatch GP practice survey carried out late 2023. LP reported that HW had informed Telford Patients First that evaluation of the results was ongoing and that it was hoped that practices would receive feedback before the final report was published later in the Spring.

DH reminded members of the Community Blood Pressure pilot service recently shared by the Council. The official press release had been shared with members prior to the meeting.

**From:** Threadgold, Rachel <[Rachel.Threadgold@telford.gov.uk](mailto:Rachel.Threadgold@telford.gov.uk)>

**Sent:** Monday, March 11, 2024 2:26 PM

**Subject:** Community Blood Pressure Pilot - Sutton Hill

Hello

We will be starting the second year of the Community Hypertension (High Blood Pressure) case finding project at the beginning of April. We have a small pot of funding to support the coordination of pop-up sessions in our top 20% most deprived communities and to reach, engage with new inclusion groups including rough sleepers/homelessness, Substance misuse, LD&A, Individuals experiencing domestic abuse and Veterans (along side our continuing work with Black, Asian and Ethnic communities).

In addition to this we also plan to establish a blood pressure hub pilot in Sutton Hill, Woodside, Brookside & Stirchley and Madeley. The later has already been planned as part of the Let's Talk Live Well Hub at the Anstice launching on 10<sup>th</sup> April and we are now looking to see how a hub in Sutton Hill, Woodside, Brookside & Stirchley could work.

Ideally, we would be looking for your support to run a pop-up or offer drop-in blood pressure checks in a community venue. Using our existing model this would be delivered by volunteers or staff who will be trained to understand the risk factors associated with high bp, how to correctly take someone's blood pressure, record their details on a tablet, understand what the monitor reading is telling them and then signpost to Community Pharmacy if an individual bp has shown to be high. Community Pharmacy would then signpost/refer to the GP. We can also still offer 7day monitoring through our Health Promotion Outreach Coordinator but ideally, we would like to refer to Community Pharmacy as this is a more sustainable model going forward.

To get this off the ground it would be great if we could have an initial conversation to look at how a hub could work in your area. We would need a community venue, help in identifying volunteers and staff to take people's blood pressure, clinical assistance in running the blood pressure training (we can support training around the use of the tablet to collect details/data and offer MECC training if required), engagement from Community Pharmacy and the local GP.

I appreciate timescales are tight but feel there is already a lot in place in the local community which we can build upon. If you are interested in being part of the community blood pressure hub, please could you let me know by 15<sup>th</sup> April and availability the following week where we could potentially discuss this and what you may be able to support with.

Please forward to any other organisation who you feel would be a key partner in this.

DH explained that as postal charges are going up in April, the reception will be asking patients for their preferred method of contact, and that the Practice will be using text messaging more which currently does not incur a cost. It is vital that patients keep the Practice up to date with their contact details.

DH gave a verbal report on some data from patient survey on access and ICB data on Dawley patients' access to A&E and NHS111. Dawley MP came out 19<sup>th</sup> out of 51 for

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A/E attendance by our patients and 9<sup>th</sup> for contacting NHS111. KB thought that Dawley patients' recourse to NHS111 could be seen as a positive and not necessarily reflecting failure to get appointments in Practice but rather following NHS advice.

DH handed out Patient Experience Survey flyers that SaTH had delivered. Everyone was encouraged to complete the survey and to inform other family members and friends and contacts to do the same.

KB shared hot-off-the press pre-launch information slides on specific aspects of the Hospital Transformation programme to date, which give details on future services at PSH and PRH sites together with a tick-box sheet on the appropriateness of the slides for local audiences.

Action: PJS to share finalised set of slides

GD said he found the meeting interesting and informative and found it to be very similar to Charlton PPG. He would like to send some questions about the PF (organisation, membership, recruitment). PJS thanked GD for his comments on behalf of the PF

The meeting closed at 14.30. Date of next meeting June/July to be notified once agreed.