

Dawley Medical Practice Patient Forum

Minutes PF Meeting 06 September 2024

Attendees:

Patrick Spreadbury, Chair (PJS), Diana Clarke (DC), Neil Clarke (NC), Maggie Hunt (MH), David Hopkins (DH), Kate Ballinger (KB), Alana Marek (AM), Denise Hallett, Practice Manager (PM), Jayne Mackay, Reception (JM), Suzie Roberts, Admin, (SR), Jayne Stones, Admin, (JS), Dr. Hannah Bufton (HB), Dr. Kathryn Lovett (KL), Dr. Andrew Harwood (AH), Surinder Kumar, Clinical Pharmacist (SK), Louise Coleman, Paramedic, (LC)

Apologies:

Lynn Pickavance, David Hunt, Dianna Young, Paul & Jenny Carter, Julie Prentice, Ann Colbourne

Minutes and Actions of Meeting March 2024

The minutes of the meeting from 15 March 2024 were accepted as true record of the meeting.

Actions:

PJS to report under item 4.iv (site maintenance) on contact with Clerk to Dawley Great Council regarding Assura's completion of perimeter fence around the patient/public carpark as per Enforcement Order of February 2024.

Matters arising from Minutes

At the previous meeting the PM had asked about the date for the publication of the results of the T & W Healthwatch GP practices survey carried in 2023. PJS was able to report that the ICB's Acting Associate Director of Primary Care had confirmed that Healthwatch had received a much greater number of returned surveys than expected and, due to a small number of full time staff, the task of evaluating the results had taken much longer than expected. Before release of the final general report the ICB had requested to review the results, which has now been completed. The report is now due to be published on the Healthwatch website on 11 September and will be discussed further at the local Health and Wellbeing Board on 18 September. Reports on individual practices will be issued in due course. It was reported that there were no real surprises, but some worrying issues reported by patients that needed further review by the ICB. A small team drawn from the ICB, Healthwatch and Public Health has been formed to carry out this review.

4. Practice Update

Patient Forum Meeting
06 September 2024
Minutes

16 September 2024

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

4.i Collective Action:

HB & DH reported on the response of Dawley Medical Practice to the GMC's planned collective action in response to the rejection by GMC members of the latest pay uplift. PM explained the rationale for the decision by the GPs at DMP to implement only some of the proposed actions suggested by the British Medical Association (BMA) for its members. In essence, the Practice was concentrating on contracted activities that directly benefitted the patient and not the data and admin non contracted items. All details outlined in the attached documents;



DMP GP collective
action.docx



Partner statement
for patients staff or

4.ii Staffing: -

PM gave an update on staff changes since the last meeting.

Dr Bufton returned to work in the spring after 12 months of treatment for breast cancer. Members of the group formally welcome Dr Bufton back. HB thanked the PF for their thoughts and continued support for the Practice during her absence.

Nikola, the Primary Care Network (PCN) Social Prescriber has now left the Practice. Work is underway to recruit a replacement for this important patient support role in the practice team.

Health Care Assistant (HCA), Sharna, has now passed her exams and is now a qualified Nurse Associate.

PM reported that the Practice continues to invest in its staff to develop both them and the services the Practice can offer patients. Practitioners Louise Coleman, Bhavisha Sookraj (Bee) and Steph Baylis are studying to become Advanced Clinical Practitioners (ACPs).

A new practice nurse, Tilli, has recently been appointed to cover for nurse, Ruth to enable her to complete a 2-year Community Practice Nursing course.

The four PCN pharmacists have all passed their prescribing course exams and will now be able to prescribe under their own remit.

After many years' services at the Practice, HCA, Carol Sankey, has decided to fully retire and has been replaced by an internal member of staff.

Sallie, Deputy Reception Manager, will be leaving to take up a development role at another local practice and has been replaced by an internal member of staff.

4.iii Communications Media

PM outlined all the changes that have taken place in recent months to improve communications between the Practice and patients. The new cloud-based telephony

system is now fully embedded with some new features that have been welcomed by staff and patients.

The new interactive digital practice webpage is now up and running, making it easier for patients to navigate. PM thanked members of the PF who had had an input into the final design and content.

The practice Facebook page is now also up and running and is proving to be a useful channel for the Practice to keep patients and the public up to date with information about and events happening at the Practice. PM clarified that there are still 2 FP profiles showing on a Dawley MP search. The address for the new website is **Dawley Medical Practice Webb House**. PM asked PF and staff to promote and share the new Facebook with other patients to increase followers.

PM explained that now all the new technology has been installed it is hoped to link the content of the Website, Facebook, waiting room screens, Practice newsletter, so there is consistency across all the information platforms.

4.iv Site Maintenance

PJS informed members that he had received information from the local council's Environment Officer, James Taylor, that, following regular requests for an update on possible completion of the perimeter fencing around the surgery/public car park, the council enforcement officers had made contact with Assura, the land owners, with warning of a further enforcement order in the event completion of the fence is not carried out. Assura have agreed to return to the site on Monday 16 September to clear the verges of rubbish and complete the fencing. The council Environment Officer will be checking on progress. Failure to complete the job will result in a further Enforcement Notice being served by the local council.

4.v Additional Roles Reimbursement Scheme (ARRs)

Following the new government's announcement by the Secretary of State for Health and Social Care that £82 million, previously ringfenced for additional roles (excluding GPs) in primary care PCNs, was to be made available for the recruitment of 1,000 extra GPs for the 1,250 PCNs. PJS asked HB/PM to explain how this initiative was going to be implemented.

PM explained that the money was to be used expressly to recruit newly qualified GPs but, that to date, the Govt had yet to specify exactly what was meant by 'newly qualified'. It was presumed that meant within 2 years of receipt of a GP's Certificate of Completion of Training (CCT).

There was also some uncertainty of how the funds were to be shared across the PCNs given that $1000 \text{ GPs} / 1250 \text{ PCNs} = 0.8 \text{ GPs per PCN}$. PM said that from the initial information, it was likely to only fund 15 days of GP time for Dawley across the year. PJS informed members that Shropshire, Telford & NHS Acting Associate Director of Primary Care had informed him that the ICB was currently looking at ways to recruit and finance the new additional GPs for the PCNs across the S,T&W footprint.

4.vi Patient Satisfaction – NHS Choices & Friends and Family Results

PM explained that it would be useful for the Practice if patients have positive or constructive comments about the practice which they could add to the NHS Choices website, or add to Google reviews.

<https://www.nhs.uk/services/gp-surgery/dawley-medical-practice/M82009/ratings-and-reviews>

Regarding the Friends & Family returns, PM reported that results are consistently high from those patients who choose to respond. The percentages below, show the number of patients who would recommend the Practice:

April 2024 - 97%
May 2024 - 98%
June 2024 - 99%
July 2024 - 95%
August 2024 - 94%

4.vii ICB Performance Management Support Officer

After a meeting with the ICB Acting Assistant Director Primary Care (AADPC) PJS reported that, as a result of the internal management of change action, to rationalise staffing roles within the ICB and the departure of the former Performance Manager supporting many of the Telford practices, the post has remained vacant. Approval has now been given to advertise the post nationally and is hoped someone will be in post as soon as possible. In the interim all the practices in Shropshire, Telford & Wrekin are been covered by one Performance Manager and the AADPC.

5.i. Appointments in General Practice – GPAD

PJS had shared the data up to and including July 2024 for all T&W practices and, separately Dawley M, with group members prior to the meeting.

As a general comment PM and PJS agreed that figures across the 13 T&W practices showed a consistent trend from month to month. A few anomalies in the figures were raised at the meeting by DH – Dawley MP's low score for F2F appointments. HB explained the figure showed that not every intervention needed to be dealt with face to face as a telephone appointment was very often quicker and just as effective.

HB highlighted the DNA rate for appointments with GPs made in advance rather than on the day appts.

5.ii NHS GP Patient Survey 2024

PJS had previously shared the results for Dawley MP and, for comparison, those of the other Wrekin PCN practices - Hollinswood and Wellington MPs together with TELDOC. It was pointed out that the patient survey is sent out to a random selection of patients and is a snapshot and only captures the opinions of a very small percentage (approx. </> 2%) of the patient role per practice but is, nevertheless, a figure used by the NHS/CQC/ICB in informing policy recommendations.

7. Autumn 2024 Flu/Covid/RSV vaccinations

PM outlined arrangements for the different vaccinations being administered this autumn. Dawley MP will only be giving the annual flu vaccination to those patients eligible according to Joint Committee on Vaccinations and Immunisations (JCVI):

7.i Flu Vaccine eligibility

Summary of eligible groups

The groups eligible for flu vaccination in the 2024 to 2025 flu season from 1 September 2024 include:

- all children aged 2 or 3 years on 31 August 2024
- all primary school aged children (from reception to year 6)
- secondary school-aged children (years 7, 8, 9, 10 and 11)
- those aged 6 months to under 18 years in clinical risk groups (as defined in the [Green Book, Chapter 19 \(Influenza\)](#))
- pregnant women

The groups eligible for flu vaccination in the 2024 to 2025 flu season from 3 October 2024 include:

- those aged 65 years and over (including those who are 64 but will be 65 on or before 31 March 2025)
- those aged 18 years to under 65 years in clinical risk groups (as defined in the [Green Book, Chapter 19 \(Influenza\)](#))
- those in long-stay residential care homes and other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality (this does not include, for example, prisons, young offender institutions, university halls of residence)
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- frontline workers in a social care setting without employer led occupational health schemes including those working for:
 - a registered residential care or nursing home
 - registered domiciliary care providers
 - voluntary managed hospice providers
 - those that are employed by those who receive direct payments (personal budgets) or Personal Health Budgets, such as Personal Assistants

All frontline health care workers, including both clinical and non-clinical staff who have contact with patients, should be offered influenza vaccine from 3 October as part of the organisations' policy for the prevention of the transmission of influenza to help protect both staff and those that they care for.

7.ii Covid Vaccinations

Wrekin PCN practices, as well as many other T&W Practices, will not be administering the covid vaccinations this autumn 2024. There will be walk-in centres and pre-booked appointments available locally offering the vaccine to those patients eligible for the vaccine. The National Booking line will open for patients to book an appointment from Monday 23 September. Patients eligible have until Friday 20 December to have the autumn covid booster.

The groups eligible to be offered a COVID-19 vaccine in autumn/winter 2024/25 are:

- residents in a care home for older adults
- all adults aged 65 years and over
- persons aged 6 months to 64 years in a clinical risk group, as defined in tables 3 and 4 of the COVID-19 chapter of the UK Health Security Agency (UKHSA) Green Book on immunisation against infectious disease

Eligibility for the immunosuppressed

We understand that having a weakened immune system (immunosuppression) is a lot less straight forward than the other criteria. Looking online can cause even more confusion, as people might see themselves (and be considered by others) as immunosuppressed but might not fit the immunosuppression criteria for vaccination.

So, what are the immunosuppression criteria? Eligibility is outlined in Chapter 14a of [the Green Book](#), a document published by UKHSA specifically for public health professionals. It can be a complicated document for non-experts, so we've listed some of the groups here:

- Organ, bone marrow or stem cell transplant patients
- Those being treated with systemic steroids for more than a month
- Those living with HIV
- Those receiving immunosuppressive or immunomodulating biological therapy, including children who are about to receive therapy
- Those undergoing chemotherapy or radiotherapy
- Those who require long-term treatment for immunosuppression
- Those with a history of haematological malignancy including chronic leukaemia, lymphomas, and leukaemia
- Those with genetic disorders affecting the immune system

While this list summarises some major groups, it does not cover everything. Please check online at nhs.uk/get-vaccine to see if you are eligible

7.iii RSV Vaccinations

PM explained that from September 2024 practices are required to offer and provide a Respiratory Syncytial Virus (RSV) vaccination to eligible patients. The RSV vaccine helps protect against respiratory syncytial virus (RSV), a common virus that can make babies and older adults seriously ill.

The RSV vaccine is recommended if:

- you're pregnant – the vaccine is recommended during every pregnancy (from 28 weeks onwards) to help protect your baby after they're born
- you're aged 75 to 79

If you turned 80 on or after 1 September 2024, you remain eligible for the RSV vaccine until 31 August 2025.

Patients who turned 80 before 1 September 2024 are not eligible for the RSV vaccine.

The Practice had already run a Sunday clinic and vaccinated around 90 eligible patients.

7.iv Flu Clinic

PM gave details of the flu clinic being held on Sunday 6 October between 8am – 1.00pm at the Practice. Eligible patients have been notified and have been asked to book an appointment slot. The Practice will continue to offer vaccination appointments for eligible patients and offer the flu vaccination when patients attended the Practice for other reasons.

It was agreed at the meeting that PF members would once again set up and man a cake stall, where patients/staff could enjoy cakes/pastries of their choice against a voluntary cash donation with all monies going towards the Practice funds for furnishings/equipment not covered by NHS funding.

PF and DMP staff members were invited to provide supplies of cakes and pastries for the cake stall. Homemade cakes are always very well received and sold out half way through the clinic last year. MH wished to know what steps were being taken by the Practice and the PF to make sure the 'cake stall' was not contravening any current regulations about any possible allergens in the cakes and pastries on display. PJS/PM explained that, as in previous years, posters were on display on and around the cake stall informing patients that some products contained nuts, gluten and other allergens. PJS agreed to check against current regulations that we were compliant. Natasha's Law guidelines for charity cake stalls and poster for FB/Practice website attached below.



7. Prescriptions and Drug shortages

Surinder Kumar (SK), Practice Clinical Pharmacist, joined the meeting to answer some patient questions about prescriptions, prescribed medication amendments and current drug shortages.

SK explained that some changes to prescribed medication may be due to changes from a branded product to a generic equivalent which can make dispensing of that drug easier for the pharmacy. If supplies of the generic drug from one pharmaceutical supplier is out of stock pro tem, the pharmacy may have supplies from another supplier. The generic version of the drug is equivalent to the branded one. The use of generics is much more cost effective for the NHS. If a branded product is prescribed and the pharmacy does not have that drug in stock, the prescription may be held back by the pharmacy and the patient told to come back after a few days if not urgent. If, on the other hand, the drug cannot be sourced by the pharmacy, the patient may be asked to make contact with the practice to have an alternative prescribed if available or they may be issued with a "token" prescription form with a barcode for that specific drug which the patient can take to any other pharmacy to try and obtain the drug. If, however, the branded drug is known to be in short supply nationally, the patient will be required to refer back to the GP. SK explained online prescription companies may inform patients of non-availability of drugs and offer to supply a new digital barcode prescription for patient to try elsewhere.

SK informed PF members that there are currently serious shortages of certain drugs nationally. PJS asked if GPs were kept informed of drugs in short supply and alerted not to prescribe them. SK reported that the list of drugs in short supply is changing daily, so it is difficult for GPs to keep abreast of the shortages.

Another issue SK raised was consultants asking primary care to prescribe specific drugs for patients on discharge from hospital. This should be the responsibility of

consultants in secondary care, especially as some drugs are for secondary care use only.

PJS asked at what point drugs, which had been handed to patient, could not be handed back to the pharmacy. SK recommended that patients check their drugs in front of pharmacy staff before leaving the pharmacy, to make sure they have the correct drugs and are aware of drugs that may be owing. Drugs cannot be returned to the pharmacy once they have left the premises. For drugs that cannot be dispensed (out of stock), patients have the right to ask for a new barcode “token” prescription for that drug to take to any other pharmacy to be dispensed. The pharmacist cannot withhold that part of the prescription if the patient would rather source the drug elsewhere.

SK urged patients to return any unused drugs for disposal at their nominated pharmacy.

8. Community Diagnostic Centre

PJS informed the group that routine blood tests were now being carried out at the Community Diagnostic Centre at Hollinswood House, Stafford Park. Current waiting times are about 10 -14 days depending on demand. Warfarin blood tests are still being carried out at the phlebotomy centre at the PRH.

In addition to blood tests the following tests and investigations are being carried out at the CDC:

- radiology (CT, X-ray, ultrasound and MRI),
- pathology (blood tests)
- tele-dermatology.
- renal dialysis

9. Introducing DMP clinical staff

Dr Kathryn Lovett joined the meeting and informed the group of her plans to try and develop a women’s health hub within the Wrekin PCN. Project still in the early stages, but in reply to question by DC about needs of older patients, she hoped that the new hub would cater for the health needs of women of all ages.

Paramedic, Louise Coleman and Dr Andrew Harwood joined the meeting. As a follow up to the previous visit to the Urgent Care Hub shortly after its opening, Dr Harwood invited the group to re-visit the hub at the end of the meeting to meet the staff and see and hear how it operates. New members appreciated the chance to visit the hub.

10. Listening Table update

PJS reported that he and LP had manned the Listening Table for 7 sessions between April and July. They had been able to share information about the Practice – booking appointments, the new telephone system, the new website, the Urgent Care Hub, the NHS and Patient Access apps, The Community Diagnostic Centre, Hospital Transformation programme, how to use the blood pressure and weight machines. On the whole most patients spoken to were very happy with the service they received at the Practice and very impressed with the new telephone option to have a call back once place in queue had been reached. Any negative issues or medical queries were directed to the PM.

11. Combat Loneliness

Patient Forum Meeting
06 September 2024
Minutes

16 September 2024

PM would like the PF group to look at the Combat Loneliness document attached, to possibly suggest any ideas that might help reduce demand on appointments by helping some of those members of the local community suffering from loneliness and isolation. This initiative also ties in with the recent document shared with members on the 'Buddy System'



Combat
loneliness.pdf

12. AOB

DH raised the issue of providing proactive and preventative health services for patients at the Practice such as 'Well Man/Woman' and 'Health MOTs'. He requested that it be a topic for further discussion by the group at the December meeting. PM explained that there is not much in primary care contracts about this area of work other than cancer screening, 5 yearly NHS health checks (contract with T&W council), a bit on weight management and diabetes prevention. The Practice is not funded or contractually bound by the NHS General Medical Services (GMS) contract to carry out much preventative work. PM directed members to the practice website and the Healthy Hub in Reception for further information and links to health and wellbeing services. It is an area that members can perhaps look into for suggestions to be brought to the December meeting. KB referred the group to the T&W council run 'Healthy Lifestyles' which offers a range of health improvement services that patients are able to self-refer into.



T&W Healthy
Lifestyles August 20:

There being no further business, the meeting closed at 14.10. Members wishing to visit, were invited to proceed to the UTC.

Date of next meeting Sunday 1 December 2024 at the Practice.