

# Dawley Medical Practice Patient Forum

## Minutes PF Meeting 08 December 2024

### Attendees:

Patrick Spreadbury, Chair (PJS), Lynn Pickavance (LP), Maggie Hunt (MH), Denise Hallett, Practice Manager (PM),

.

### Apologies:

David Hopkins, Dianna Young, Julie Prentice, Ann Colbourne. Brian Churm, Neil Clarke, Diana Clarke, Alena Marek, Kate Ballinger (KB)

## Minutes and Actions of Meeting September 2024

The minutes of the September 2024 were accepted as true record of.

### Matters arising from Minutes

.

## 4. Practice Update

4.i. PM gave an update on developments at the Practice since last meeting in September 2024 (see attached edition of Practice Newsletter), as well as the attached statement from the partners about the impact on the Practice's finances going forward due to the changes in National Insurance contributions and thresholds, and the minimum wage increase from April 2025 (October 2024 budget).



Autumn 2024  
Patient newsletter.d



PARTNERS  
STATEMENT re Budg

4.ii The Practice's decision outlined at September 2024's meeting to implement only some of the actions recommended by the British Medical Association as part of the GPs' Collective Action in response to the ongoing impasse about the latest pay uplift is continuing. This means the Practice will concentrate on contracted services which benefit patients and not on non-contracted data and admin tasks as outlined in the attached documents previously shared with PF members.



DMP GP collective  
action.docx



Partner statement  
for patients staff or

#### **4.iii Site Maintenance**

PM informed members that Assura had recently appointed a new practice support officer, Des. Assura are contracted as landlords to carry out necessary maintenance of the Practice buildings. As part of the lease agreement the Practice is required to pay a charge for site/grounds maintenance which PM has continued to refuse to pay as no such activity has ever been carried out by Assura or their agents. PM pointed out the unsafe state of the paving by the main door with the build-up of mud, drainage water and debris as a health and safety issue as well as the continued absence of any regular grounds maintenance. Des is expected to visit the Practice for an inspection in the new year. It remains to be seen if and when any remedial action is taken

#### **4.iv Additional Roles Reimbursement Scheme (ARRs)**

PM updated the members on the problems that Primary Care Networks were facing in trying to recruit GPs via the ARRS due to the specific conditions of employment that had to be met before a GP could be appointed (newly qualified within 2 the last 2 years and interested in, what might very well be, a very short term contract of a few months up to the end of March 2025). As the funding via the ARRS would equate to 0.8 FTE of a GP per PCN this created additional problems of how a GP could be shared over a PCN.

Data provided by the BMA confirms that the scheme is not fulfilling its objectives and is not necessarily improving the unemployment status of many newly qualified GPs. Unfortunately, long-term locums at a practice would be ineligible to be considered for a post under current ARRS guidelines.

The Acting Director of Primary Care (ADPC) for the ICB, Nicola Williams, had told PJS and LP, that the ICB was aware of the problems in implementing the ARRS scheme for newly qualified GPs and was in negotiation with PCNs in S,T&W, to try and explore more creative ways some extra GPs could be employed to make use of the ARRS funds available.

#### **4.v Autumn 2024 Flu clinic**

PM informed the group that the PF cake stall had generated donations of £500 and was keen to hear from members what the PF would like to money to be spent on. LP mentioned comments made by patients at Listening Table events about how much more comfortable the new chairs with arm rests in Reception were, especially for patients with limited mobility issues. It was agreed that the money raised from the cake stall should go towards the purchase of further chairs for Reception.

#### 4.vi My Recovery App

PM explained to members that the Musculoskeletal (MSK) services My Recovery App will now be being promoted by the PCN Physio Lindi Laszig and the Practice team. Further details about the App can be found in the link below. LP informed members that self-referral into services provided by the the App should be available early in 2025.

<https://www.rjah.nhs.uk/patients-visitors/patient-apps-and-systems/myrecovery-app/>

#### 4.vii ICB Performance Management Support Officer (PMSO) for Telford

PJS/LP were able to report that at their meeting with the Acting Director Primary Care (ADPC), Nicola Williams, had been able to confirm that an internal appointment had been made to fill the vacancy for the PMSO post. The new appointee would be in post from January 2025

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

PJS had shared with group members prior to the meeting the data up to and including October 2024 for all T&W practices and, separately Dawley MP. It was noted that there was an improvement in Dawley's figures which was to be applauded. Across all the Telford practices the higher appointment numbers for October were likely as a result of flu vaccination clinics being held early in October. There was some discussion by members on how practices might be registering their appointments as there appeared to be some anomalies between the different practices.

PJS raised the issue reported on some local community social media platforms of how some patients in T&W were being restricted in how they were able to contact their practice as it appeared that patients could only access the practice via an e-consult form, unlike at DMP where patients were given different modes of contact with the practice as per attached NHS flow chart. On behalf of DMP patients, PF members wished their appreciation for this to be noted. PM was able to share November's very positive telephone call wait and response times with the group. (see attached).



Modern General  
Practice Diagramm A



Nov 24 telephone  
data for PF.pdf

A member sought advice about correspondence from a consultant including many medical terms. As the patient did not understand the contents an appointment with the GP had been requested to discuss the information. PM informed the group that in such cases patients should, in the first instance, always refer any such queries to the consultant in secondary care who had issued the letter. It does sometimes happen with such shared care agreements that secondary care clinicians tell patients to follow up any queries they may have relation to treatment or medication with their GP rather than to the secondary care consultant.

### **5.ii Healthwatch GP Access Survey Report October 2024**

PJS had shared a link to the report after publication. The report had been scrutinised at the local council's Health and Wellbeing Board in November. Due to the poor performance of a small number of T&W practices, a support group {Healthwatch T&W (Simon Fogell), ICB ,(Nicola Williams), Public Health T&W (Helen Onions)} had been set up to work with failing practices in addressing the issues raised and in guidance how to make the necessary operational changes to improve the patient experience. It was hoped that patients might gradually see some improvement in service delivery. However, according to recent feedback from Healthwatch, some areas of concern for patients from some of the failing practices (inability to talk to reception staff, long waits on telephone, referral to NHS111 when inappropriate, total triage via e-consult only means of accessing services etc) were still being registered.

### **5.iii NHS Health Checks**

At the September PF meeting under AOB DH had raised the issue of proactive health schemes and preventative health awareness checks for patients. At the time PM had explained that the Practice was only commissioned to deliver a limited amount of preventative services as more general proactive health awareness initiatives were not commissioned and no funding was received.

PJS explained that statutory invitations for NHS Health Checks every 5 years would only be for patients between 40 – 74 years of age without any of the underlying health conditions below. The aim of the check was to ascertain if the otherwise healthy patient had any underlying health conditions which could be controlled with early intervention and prevent longer term chronic conditions.

- heart disease
- chronic kidney disease
- diabetes
- high blood pressure (hypertension)
- atrial fibrillation
- transient ischaemic attack
- inherited high cholesterol (familial hypercholesterolemia)
- heart failure
- peripheral arterial disease
- stroke
- currently being prescribed statins to lower cholesterol

Administration of the NHS Health Checks is the responsibility of the local council Public Health Department. An invitation is sent to a patient for a health check to be carried out at their GP practice by a GP or a nurse/HCA or via another agency. PM confirmed this was the normal procedure and that the practice would claim the fee from the local Public Health Dept. PJS had been informed by the local Public Health Commissioner for Health Checks that the take up rate by patients of a health check is quite small. To promote the health checks going forward a pilot scheme is being run with health checks being delivered in-house at a group of selected companies. This scheme, if proving successful, may be may be extended to a wider audience.

PM reported that 176 NHS Health check appointments had been offered by the Practice up to September 2024, with 152 being taken up by eligible patients.

#### 5.iv Women's Health Hub

PM reported that a bid for funding of a Women's Health Hub had been obtained and that Dr Lovett and Advanced Nurse Practitioner (ANP) Patsy Clifton, both of whom have a specialist interest in the area, would be developing group awareness sessions for patients. Further information will be published at a later date.

#### 5.iv SaTH Diagnostic Test Results Waiting Times

Following on from some recent local media reports about how long many patients in S,T&W were having to wait for diagnostic test results, PJS shared some data he had obtained on wait times for a number of diagnostic tests. Members expressed some frustration at the difference between the relatively short wait for diagnostic tests to be carried out and the often worrying long wait for the results. The shortage of radiologists at SaTH was one of the main reasons why some imaging test results were taking so long. Further recruitment is continuing.



Diagnostic Test  
Waiting Times PJS ve

Update:



Scan results being  
outsourced Australia

#### 5.v NHS Winter Pressures – Think Which Service

PJS reminded members that the ICB had issued guidelines for patients for accessing health services over the winter months and especially the festive season. As in previous years patients were asked to 'Think which Service' is most appropriate for their health problem needs and to try not to overburden the already overstretched emergency and hospital services. See links below for further help and advice

#### Think which service is right for you

- For less urgent health needs, contact your local pharmacy or GP for advice, or visit [www.nhs.uk](http://www.nhs.uk).
- If you need urgent medical help but it's not an emergency, contact NHS 111 online at [111.nhs.uk](http://111.nhs.uk) or call 111 for clinical advice, assessment and signposting to the right service.
- For minor injuries, visit your local Minor Injury Unit (MIU). These are located in Bridgnorth, Ludlow, Oswestry and Whitchurch.
- Call 999 for emergency, life-threatening illnesses or injuries only.

<https://www.shropshiretelfordandwrekin.nhs.uk/wp-content/uploads/STW-Winter-A5-Leaflet.pdf>

#### 6. SaTH Draft v.2 Communications Strategy - update.

Patient Forum Meeting  
06 September 2024  
Minutes

09 January 2025

The initial draft of the SaTH Communication Strategy had previously been shared with PF members for comment. A few members had submitted comments for the attention of the Head of Communications, Jenny Fullard, who had welcomed the constructive comments and had taken on board many of the suggestions for improving the document. LP shared a copy of the latest version of the draft with members, who were pleased to see a much-improved document. A further updated document to go to the ICB Board later in December is attached. If the document is approved an Action Plan for its implementation is to be prepared for the spring 2025.



Communications  
Strategy draft 3 2024

## **7. Listening Table – 2025**

Members agreed to hold a further series of Listening Table events in Spring 2025, dates and times to be notified in January. A revised patient questionnaire is to be drafted to take into account some of the changes that have happened at the Practice since the previous questionnaire was drawn up. Any members wishing to help man the 'Table' will be welcome.

## **8./ SHROPDOC – Tender Update**

PJS conveyed Dr Simon Chapple's apologies to the group for being unable to attend the meeting. He had wanted to come and explain what SHROPDOC's role in the local health provision had been prior to the decision to be taken in late December on whose bid for the new Out of Hours contract would be successful. SHROPDOC, which is a not-for-profit cooperative, had put a bid in to the ICS/ICB, together with those from other organisations, some of whom might be large national business organisations with no well established local knowledge and connections.

With very few exceptions, feedback from patients and GPs who had used SHROPDOC's services was very positive and it was generally felt that the loss of SHROPDOC for Shropshire and Telford & Wrekin would be a great pity. A decision is expected to be made public in early Spring.

Dr. Chapple had asked to come and talk to the group some time in the new year and hoped that it would be to talk about SHROPDOC's plans for the future if they had been lucky enough to have been awarded the new contract for OOH cover going forward.

## **AOB**

LP wished to mention her concern about the current location of the Urgent Treatment Centre (UTC) which was still under contract to Malling Health to deliver a service 7 days a week 8.00am to 8.00pm. The UTC used to be based alongside the ED but appears to have been relocated to 2 rooms in the Malling Health demountable building where phlebotomy is based. When LP went to confirm the move to Malling, the 2 UTC rooms were empty and she was told by phlebotomy staff tghat they were rarely used. This has been followed up with a colleague from the ICB who reports that the UTC is currently operating out of 2 separate locations, the second of which has not been identified. The main issue for patients is that there is no signage in the ED to redirect

patients to the UTC. Further clarification is being sought from the ICB as a matter of urgency.

There being no other business, the meeting closed at 11.30am.

Date and time of next meeting will be notified by mid February for a possible March meeting.

.