

Dawley Medical Practice

Patient Forum

Minutes PF Meeting 18 July 2025 2025

Attendees:

Patrick Spreadbury, Chair (PJS), Lynn Pickavance, Vice Chair (LP), Alena Marek (AM), Diana Clarke (DC), Neil Clarke (NC), Kate Ballinger (KB), David Hopkins (DH),, Denise Hallett, Practice Manager (PM), Jayne Mackay, Reception Manager (JM), Surinder Kumar, Practice Clinical Pharmacist (SK), Consultant Nurse, Patsy Clifton (PC), Dr Katherine Lovett (KL)

Apologies:

Brian Churm, Dianna Young, David Hunt, Maggie Hunt, Anne Coleborne

Minutes and Actions of Meeting April 2025

The minutes of the meeting on 4 April 2025 were accepted as true record of proceedings.

Closed Actions:

- PM noted that Assura had made arrangements for iDVerde contractors to carry out a litter pick and cleaning out of the soakaway gulley by the main entrance as part of the grounds maintenance contract.
- PJS confirmed that Dr Ebeneezer had, as promised, shared a PCN communication with PJS. He reported that Wellington MP was trying to rekindle its PPG with 2 former members and 3 new members. He wished to know how Dawley PF meeting agendas were drawn up and who was responsible for writing up the meeting minutes. PJS had shared the Patient Forum Terms of Reference together with other PF documentation with Dr Ebeneezer and had invited him and/or a member of the Wellington MP PPG to attend our July meeting. Dr Ebeneezer thought now was not the appropriate time to attend the meeting at this current stage of development of the new PPG. Dr E. was planning to share any relevant information from PJS's e-mail with the PPG members.
- PM had checked that the Practice website does reflect all the services currently offered.
- PM had clarified with clinical staff that patients' e-consults are clearly visible on the patient record

Matters arising:

PJS raised the issue of some patients still not observing the request to put their mobile phones on silent in the waiting room when listening to music, playing games etc) and wondered if the current signage needed any amendment. DH thought it might be more of an impact if the notices gave a reason for phones being switched to silent (for other patients' comfort etc., hearing impaired etc)

Action: PM to make any necessary changes to signage.

4. Practice Update

4.i.Staffing

PM updated the group with some changes to staff:

ANP Bhavisha has left to join a practice closer to home.

ANP, Patsy Clifton, who already works as a locum for the Practice, is joining the Practice in a permanent role as Nurse Consultant and will be managing the nursing team.

Becky, who has been working at the Practice for some time now as a locum urgent care practitioner (UCP), is also joining the Practice in a permanent post and will take up Bhavisha's hours in the urgent care hub (UCH).

There were currently no other staff changes to report

4.ii Buildings and Maintenance

PM reported that the landlord, Assura, had appointed iDVerde to carry out regular maintenance work and litter picking on the site. Work carried out at the front of the building has already made a big difference. iDVerde will make regular visits to litter pick, weed and tidy the grounds at the front, side and back of the practice.

iDVerde Telford is part of *idverde UK* and is the UK and Europe's leading provider of grounds maintenance services and landscape creation projects and currently provides grounds maintenance service across Telford & Wrekin council area.

PM reported that there had been no update as yet on erection of a safety hand rail for access to and from the car park to the practice/pharmacy during winter weather with the access slope slippery when wet or icy. PM is due to have a meeting soon with Des, the Assura contact, when, with reference to the safety rail, the issue of health and safety, liability and possible litigation will be raised.

Action: PM to raise issue of access/egress safety rail with Assura

4.ii Annual Medication Reviews

SK was able to clarify that the roll out of medication reviews in patient's birth month was being rolled gradually over this year, but pointed out that patients with other co-morbidities might be called to have medication reviews at other times during the year if required, as might patients who present with new symptoms at other points in the year requiring a review of their medication. SK hoped to have 60% of patients transferred to the birth date review by the end of the year.

5.Appointments

5.i GPAD Appointments

Data for all T&W practices had been shared with the group prior to the meeting. PJS raised the relatively high number of online appointments registered for 2 practices compared with the other practices and wondered if they could be explained by reports from patients, that due to e-consult facility being cut off after a set daily quota or to no response/call back from initial e-consult, patients were being required to resubmit their e-consult. KB questioned whether patients were being redirected to NHS111 if the e-consult facility was being cut off during core hours. Clarity was sought on the assumed requirement for a practice to answer an e-consult within 24 hrs for urgent and 48 for non-urgent issues as in operation at DMP. PM stated that the accepted response times are as described and admin related queries may be 3 working days. DH asked if there were set criteria for how data was being entered and if the discrepancies in GPAD data from different practices were being monitored. PM explained how the dashboard data to be entered was defined by NHS GPAD but pointed out that it could still be open to different interpretation in the different practices. PJS/LP reported that, on querying the anomalies in the monthly data with the Head of Primary Care at the ICB, that they had been informed that for planning purposes more additional precise data on appointments was supplied by each practice on a regular basis. PM was not aware of what this data was.

A discussion followed on how the changes to the GMS contract in October 2025 relating to the availability at all GP practices of online/e-consult during core hours for non-urgent requests would impact on those practices where access is currently restricted for patients. i.e. what would the policy be if demand outstripped supply i.e. practices unable to meet the 24/48hr response time? Under what circumstances with excess demand could a practice start to advise patients to contact NHS111 during core hours? Would the ICB be involved?

PJS sought clarification from PM about timing of follow-up telephone appointments with an unnamed GP generated by the Practice where patients are advised of a call between, for example, 14.00 – 17.00hrs, but with no online confirmation on the NHS App as is the current practice with other appointments. PM explained that it was difficult to be more precise as the GP would prioritise the patients in their clinic based on clinical need and any timing may result in more calls to the appointment line querying why they hadn't received their call at the stated time. Questions were asked by members about possible missed calls due to work commitments/restrictions and if the appointment could be rebooked. PM explained that calls would usually be attempted twice and that if a patient did call the Practice back later the same day having missed the calls, it would be at the GP's discretion and availability whether patient would be rung back again that day or a new appointment made. JM advised that where it is known a patient has a specific need (hard of hearing, mobility issues etc.), this is noted on the patient's booking notes and would be considered by the clinician. PM explained it would be impossible to send out reminders for this type of appointment without causing confusion or adding to the calls to appointment line.

LP wished to clarify the system for pre-booking appointments with clinical staff. PM explained that GP appointments are released 2 weeks in advance and for nurses up to 4 weeks in advance. Further in advance than 2 weeks for GP appointments results in a higher level of DNAs.

5.v Diagnostic Tests & Results – Cardiology

LP gave an update on the lengthy turnaround in cardiology between diagnostic test and results being shared with patients. Tom Phelps from SaTH Operations had reported to a SaTH Medicines meeting that there had been staffing problems within cardiology with staff leaving and locums assisting but that full time posts now being filled again. In the interim tests for review had been outsourced to an outside agency. Patients should gradually notice some improvement. More detail in the attached document.



Cardiology update
July 2025.docx

5.vi NHS GP Patient Survey Results 2025

The results of the 2025 GP Survey had been shared with the group prior to the meeting. Overall measured against national and S,T&W ICB DMP had scored well individually in most areas and also when compared with other local practices. It was pointed out that the data was generated from the responses of a very small percentage of patients registered with the Practice. The figures compared very well with the data gathered from patients completing the survey at the spring Listening Table.

6. Contracts & Agreements

6.i Changes to GMS contract October 2025

As from October 2025 all GP practices will be required to make online/e-consult facilities available during core hours for routine requests 08.00 – 18.30hrs Monday to Friday. Discussion on some of the current problems faced by some patients at other Practices with restrictions being placed on the number of e-consults available per session, the length of time in responding to an e-consult or failure to call back as indicated had been discussed in more detail in item 5.i

6.ii NHS/DHSC 10 Year Plan

The main pillars of the 10 year plan were outlined for members:

- i. Move from analogue to digital
- ii. Moving care from Hospital to Communities
- iii. Prevention, not just treating the disease/ailment

There is full detail about how these changes are planned to take place over the next 10 years in the full document available on the following website. A simplified version of the main points that will affect Primary Care/General Practice and the Executive Summary of 111 page full version of the 10 Year Plan attached



10yr plan impact on
General Practice 2.ppt



fit-for-the-future-1
0-year-health-plan-f

PJS/LP were able to confirm that, as part of the slimming down of the current NHS organisation, the number of QUANGOs was to be cut, including Healthwatch UK. Its role of patient advocacy carried out by the local Healthwatch groups (Healthwatch Telford & Wrekin) is to be taken on by local authorities by 2026.

6.iii PJS/LP meeting with ICB staff – Head of Primary Care and GP Partnership Lead

PJS/LP reported on their meeting with the ICB staff to discuss a number of issues raised since the last PF meeting in April. The ICB staff members reported that there was sometimes an apparent disconnect between reports received from patients about total triage issues and access to the practice and to appointments on the one hand and the evidence gathered by the ICB from practices during visits. However, there are some practices to which the ICB is offering support. The ICB will now be prioritising visits to those practices which are having some access problems. Fortunately, DMP is not in this category. PJS/LP did convey very positive patient comments about DMP noted on Listening Table sessions and invited the Partnership Lead to attend our July meeting. An invite was sent out but sadly no response was received.

The GPs at Charlton Medical Practice are providing some extra early morning appointments for patients when available. Discussions still ongoing concerning Charlton MP's incorporation into one of the local PCNs.

6.iv SHROPDOC and OOH

PJS confirmed that, after the Independent Patient Review Panel had accepted that the procurement process for awarding the Out of Hours (OOH) contract had been carried out correctly, the contract would be awarded to Medvivo, part of the Health Hero Integrated Care company. The new contract will now start in October 2025. During the interim period SHROPDOC will continue to provide the OOH services to the patients of Shropshire, Telford & Wrekin. Shropshire Save our NHS has continued to express its concern that the OOH service provided by Medvivo will be inferior to that currently available to local patients and that the local ICB had been driven by the requirement to cut costs.

Sue Lavelle, Medical Director of Health Hero Integrated Care said in a statement after the contract had been awarded and to allay some of the concerns expressed about a probable inferior service being delivered for approx. £2 million less than SHROPDOC had previously received:

"....we want to assure the public that local bases will remain in place, services will continue to be delivered by local clinicians, and palliative and end-of-life care will be maintained. This is a core part of our commitment"

Response below from Shrops., Save our NHS, to the final decision to award to Medvivo.

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Shropdoc
unsuccessful in OO!

6.vi Practice Support -ICB

Due to one of the partnership team now in a new post within the ICB there is now only one colleague covering all the practices in Shropshire, Telford & Wrekin. As a result, visits to practices will be based pro tem on need. PM reported that since she has been in post DMP has only had one visit from the ICB Primary Care support team. ICB colleague was able to report that, to try and alleviate the situation, the CEO of the ICB, Simon Whitehouse and Chief Medical Officer for S,T&W, Dr.Lorna Clarson would be using any spare time to visit practices on a priority need basis.

6.vii MSK Self Referral

LP was able to update the meeting on the planned launch of the proposed self-referral scheme for physiotherapy treatment to be available soon via Muscular Skeletal Services. The MSK Transformation Manager had supplied the update below:



MSK Self Referral
July 2025.pdf

6.ix Weight loss treatment – guidelines

PM explained that the recently advertised weight loss treatment/management (Mounjaro) to be made available on the NHS would not be being offered by individual GP practices but likely managed via Practice networks. Patients would have to satisfy the NHS criteria to be eligible for treatment. Further information attached



Weight loss drug
Mounjaro Statemen

6.x New role for Pharmacy Technician

PJS asked SK if he was able to clarify the planned changes to the role of pharmacy technicians envisaged as part of the 10 Year Plan. SK explained that, under the current legislation, pharmacy technicians who are suitably trained, can dispense certain prescriptions without the supervision of the pharmacist. However, currently, it is a legal requirement that ALL prescriptions can only be handed out to patients while a pharmacist is present on the premises. The legislation that will soon come into effect, will allow pharmacy technicians to hand out prescriptions to patients, where the pharmacist may be absent from the premises. This would be beneficial to patients as

they would not have to wait for the pharmacist to return and will also help in the smooth running of the pharmacy. This would also be the case when the pharmacist is conducting a private consultation with a patient, or when the pharmacist is on a break. SK reassured the committee that all medicines that are prepared would have been checked and annotated before being bagged-up ready to be given out to the patient. Also, this would be a welcome change considering the evolving role of community pharmacists and pharmacy technicians.

6.xi Optometry First

PJS informed the group that Primary Eye Care Services had been awarded the contract for delivering optometry services for Shropshire, Telford & Wrekin. The previous Minor Eye Condition service delivered by CHEC was now part of the CUES (Community Urgent Eye Care Services). Full information of all the services provided can be found on the Primary Eye Care Services website under the Shropshire tab.

DC had enquired if the service would be more joined up than previously as patients had to visit different clinics for different parts of the service and often case notes had not been shared. PJS agreed to follow this up and report back.

<https://primaryeyecare.co.uk/>

Action: PJS to check on patient clinic notes

7. Women's Health Awareness event July 2025

The group thanked Consultant Nurse Patsy Clifton for all the hard work she had done towards a very successful event. All the feedback had been very positive, and many attendees commented on the very sympathetic way the very intimate information and advice had been given in the presentations. PC explained it was a bit of a learning curve in terms of organisation and that she would like to hold a follow-up event later in the year. Members of the group wished to know if there were plans to hold such events for other groups – diabetes, men's health, respiratory conditions etc, which the PM confirmed they had already been considering these prior to the Women's health event.

PM gave details of the number of attendees who had tests and smears done:

15 walk-in patients for bloods/weight/cholesterol

12 walk-in patients for smear test and women's health matters (hospital two week wait referral)

The practice is aware of at least two patients who were picked up for vital referrals that may not have attended had it not been a walk in service.

Many other patients attended the presentations and open discussions with the Telford & Wrekin healthy lifestyle advisor and the practice specialist nurse team, and to have their BMI checked.

PJS wished to know how well the event had been publicised at the other practices in Wrekin PCN and if there had been any patients attending the event from those practices. PC was aware of 2 patients.

KB wondered, as incontinency affected both men and women, if it might be useful to have a support group set up for DMP patients.

PJS reported that the cake stall received donations of £100 to be used for extra patient facilities at the Practice.

Action: PM to liaise with KB to organise a possible incontinence support group.

8. Listening Table – Diabetes Uk week

PJS/LP reported back to the group that a Listening Table was organised to take place during the Diabetes UK awareness week in June when Suzanne Smith from Diabetes UK was to be in attendance at the Practice.

DMP had agreed with Diabetes UK to be a pilot practice for a Diabetes Community Liaison Volunteer to hold fortnightly/monthly sessions at the Practice when diabetes patients or their family members could come and get advice on healthy living etc from someone with lived experience of diabetes themselves or their family. Diabetes UK would be responsible for all the necessary training and the Practice would provide a room and assure all necessary safeguarding requirements for the volunteer and patients had been completed.

A patient with many years' experiences of a family member with diabetes had agreed to fill the role and is due to be interviewed by Diabetes UK and to start training very soon. It is hoped the service can start later in September.

KB, Chair of Telford Diabetes Group, welcomed this initiative and looked forward to welcoming this new member to the local support team.

A new patient to DMP on first visit to Practice commented on the very welcoming reception she had received. She was feeling a little apprehensive before her consultation with GP but came out and told PJS/LP how pleasantly surprised she was with this first experience. She was glad she had changed practice.

9. Autumn 2025 Flu clinic

PM confirmed the Super Sunday Flu vaccination clinic will take place at the Practice on Sunday 12 October between 8.00 – 13.00hrs.

NHS England dates must be adhered to when inviting and vaccinating patients – 1st September for pregnant ladies and eligible children. 1st October for all other eligible adults.

The Practice will invite all eligible patients.

The PF will be running a cake stall as usual. Requests for supplies and volunteer help as marshals and on the cake stall will be sent out nearer the date. LP reminded the Patient Forum Meeting
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group that supplies ran out by 11.00 am last year so ample supplies will be required to avoid disappointed patients expecting to give us their money right through till 13.00hrs. On past experience homemade cakes /pastries go much quicker than shop bought so the more homemade goods we can have the better! We are also getting asked more frequently for gluten free products to be available.

Action: PJS to liaise with Dawley Council to borrow the sturdy trestle table

10. Cycle Rack

PM reported that a patient had asked whether it was possible to have a cycle rack provided close to the Practice, where cycles could be securely left whilst patients visited the Practice or the pharmacy next door. A discussion followed about the possible cost of purchase and installation of a small cycle rack adjacent to the main entrance of the Practice. AM suggested looking on Facebook Marketplace as a possibility for a cycle rack. DH offered to do the installation work if that was acceptable to the landlord. Regarding the cost, money raised from the recent cake stall could be put towards the project. AM suggested applying to the local councils representing the DMP catchment area for a grant towards the final cost. DH agreed to look into the most suitable type of rack for the space available.

For added security the positioning of a security camera positioned on the wall above the cycle rack was discussed.

Action: PM to clear with Assura for any authorisation needed to install a cycle rack.

Action: PJS to investigate council community grants – The Gorge PC and Gt Dawley TC

Update: Grant applications for £350 submitted 21.07.2025 for help with costs towards purchase and installation of cycle rack and of a security camera

Action: DH to look into suitable cycle racks and costs

Action: LP to contact Syd , Healthy Lifestyles, for assistance with funding

11.AOB

PM informed the group that the latest Friends & Family test results for the practice showed that 94% of those patients replying would recommend the Practice. The practice results are consistently in the 90%+. PM also mentioned that the NHS Choices facility to read and leave reviews and comments had been removed, however, Friends & Family tests would still be gathered via the cards in reception and text messages to patients. Google review is also available, however, these seemed very confused, and Dawley Medical had reviews for the dentist and what appear to be other practices on their google website.

LP informed group that the Friends & Family cards are being removed from the hospital and the use of a QR code to provide patient experience feedback is being encouraged

Post meeting thanks to Alena for designing and donating the two Patient Forum printed fabric display banners. We shall be able to use these with the A1 A- board poster generously funded by the Practice when the PF members are attends the Practice.

LP informed the group of the public event on the Hospital Transformation to be held at Brokside Community Centre on Thursday 24 July 11.00- 13.00hrs. This will be an open Q&A session for the public to ask questions not addressed in the 'glossy' HTP publicity available.

There being no other business the meeting closed at 14.10

Date of next meeting: September meeting date to be notified when date confirmed