Dawley Medical Practice
Patient Forum

Minutes PF Meeting 31 July 2026

Attendees:
Patrick Spreadbury, Chair (PJS), Lynn Pickavance, Vice Chair (LP), Brian Churm (BC)Jeanette Picken (JP), Maggie Hunt (MH) Denise Hallett, Practice Manager (PM), Jayne Mackay, Reception Manager (JM), Surinder Kumar, Practice Clinical Pharmacist (SK),Patsy Clifton, Consultant Nurse (PC),

Apologies:
Neil Clarke, Diana Clarke, David Hopkins, Alena Marek, Terence Hewitt

PJS informed meeting that Terence Hewitt had joined the group but was unable to make this meeting as out of the country and that that Merl Foga had withdrawn from the group as she had now left the area.

2/3. Minutes and Actions of March 2026

The minutes of the meeting on 13 March 2026 were accepted as true record of proceedings.

PJS informed the group that the 'Tea Party' organised to celebrate Dr Bufton's retirement from the practice was a great success and was attended by a large number of patients wishing to convey their thanks to Dr Bufton for her service to the practice and their good wishes for an enjoyable retirement.

4. Practice update
i.Staffing

PM updated the meeting with details of new clinical and admin staff. Dr Alex Trevaskis (male) will be joining the practice to cover 6 sessions per week in September to replace Dr Bevis' hours and ,in addition, Dr Amy Reynolds will be joining the practice in October to cover 4 sessions per week financed by the new GP reimbursement money as part of the 2026/2027 GMS contract.

Ajay joined the practice ON 1July as the 4th pharmacist in the pharmacy team.

3 new colleagues will be joining the reception and administration teams over the coming weeks.

PM informed members that the PCN had been trying to recruit 1 or 2 social prescriber(s). Previously this had been facilitated by Shropshire MIND but to date these posts remain unfilled.

ii. Buildings & Site

PM reported that the Assura reps had visited the practice to survey the site adjacent to Superhealth Pharmacy and measure up for installation of a handrail by the pharmacy to aid walking up and down the sloped car park area. No further information about actual installation available to date. Regarding the installation of the cycle rack for which Dawley Council had awarded a grant of £250.00, Assura had still not confirmed its approval. However, in the absence of this approval, members agreed that the rack should be installed as soon as possible and, in the worst case scenario that Assura disapproved, the rack could easily be removed.

PJS reported that the complaint letter submitted by the local council to Assura about the blocked gulley and build-up of silt and mud outside the main door had to date still not been share by the Clerk with the PF or the practice PM. MH in her role as local councillor agreed to follow this up and to enquire if any reply had been received from Assura.

PM informed the group that Shaun Davies MP (SD), former leader of T & W council, had approached the practice on behalf of a patient to complain about parents collecting pupils from Langley School using parking spaces for emergency vehicles and disabled patients. Patient uses wheelchair and no spaces available when attending practice for an appointment. SD had approached the school and spoken to the headteacher. The practice has been aware of the problem with parent parking for a number of years and has previously made representation to the school and local council. Any correspondence relating to this issue has been shared y the PM with SD. Parents have been approached on occasions by practice staff and faced verbal and threats of physical abuse. PM advised the group that the lease for the practice premises is up for renewal in 2027 and that this might be an opportunity to look in more detail to restricting access to the practice parking spaces with perhaps a barrier whilst still allowing public access to the remaining spaces as well as extra signage..

iii.Telephones

PM/JM informed the group that the current telephone contract has been renewed and the Practice will be receiving some upgrades to the system, including new features:

- Callers requesting a call back will be able to use a link to see where they are in the call queue in real time.
- If callers miss their callback then they will receive a text message informing them of this and to either call the Practice again or use our online form.

- To satisfy ICB requirement that a patient's call is answered within 2 mins the option to request a call back has been reduced to either 4 patients in the call queue or 2 minutes of waiting in the call queue.
- Facility to cancel an appointment currently open during core hours will be available 24/7 with an automated phone number recognition facility enabling patient to cancel their own appointment even when the practice is closed.

  Actin – JM to check with the telephone provider how the automated system checks and verifies your contact number if you're ex-directory.

iv.Covid/Flu vaccinations Autumn 2026

The national Covid and flu vaccination programme will start on 1 October 2026 and covid and flu vaccinations for eligible cohorts will be available by appointment this year at the Super Sunday Vaccination Clinic at the practice on Sunday 4 October. Invitations to book vaccinations will be sent out via text message by the practice well in advance of the start date. For any patients unable to make the clinic on 4 October, vaccinations will be able to be booked via the Practice reception staff. Patients eligible for the RSV vaccination will NOT be able to have this vaccination together with the flu vaccination. A separate appointment can still be made by contacting the practice.

v. Practice website

PM informed the meeting that the contract with the current provider of the practice website would be terminating and the practice would be looking at new provider to upgrade the website and its applications. Our current website scored highly in the recent national patient survey and for this reason we have chosen a provider who will keep the site very much the same.

Action- PM to work with PF members to check the site is fully working once the website has moved across to the new provider.

.**5. Appointments**

Latest GPAD data for all T&W practices and, separately, just Dawley MP's date had been shared with the group prior to the meeting. Dawley's data remains consistent across the months.
Data for T&W practices continues to show the same 2 practices entering nil returns for any online appointments. Prior to the meeting PJS/LP had shared a paper trying to offer an explanation for some of the discrepancies previously highlighted in the GPAD data. As individual practices seem to be using their own interpretation in appointment type mapping, it was agreed by the members that we continue to only share GPAD

data for Dawley MP as this shows month by month variations such as list size, GP and telephone appointments enabling members to monitor trends/anomalies.

PM reported an increase in the practice list size – 11,531.
PM also explained that Primary Care Support England had identified 100 patients who had not accessed the practice in the last 12 months as part of their national 'GP Patient List Cleansing'. Some of these patients will have replied to PCSE's or the Practice's texts and letters to confirm they are still living in the area and registered with the practice. This meant that a maximum of 100 patients could be deducted from Dawley patient list - a small cut when some practices were having lists cut by 100's. These cuts have financial implications for the practice per capita (per registered patient) funding.

PJS/LP, at the request of Dr. Lovett, raised the 16 DNAs recorded on one day in June which contributed to the slightly increased DNA rate 5.6% for Dawley MP in June. PM/JM were able to explain the reason for this anomaly, which was caused by nurse clinics going on later than usual and patients not getting the usual reminders, such as for baby immunisation appointments.

6. Contracts/Agreements/ICB Clusters

PM explained that, as a result of changes to the NHS contract 2026/2027, practices were now required to allocate any Local Enhanced Services (LES) work they opt out of to other practices in their respective PCN (for Dawley the Wrekin PCN). This work includes phlebotomy (blood tests), ear irrigation, women's health. This year Dawley will be offering women's health procedures such as coil fitting and respiratory care spirometry to all PCN practice patients.

Charlton will now be offering an ear irrigation service (water pressure) to Dawley patients because the practice is unable to support this work any longer. To access these services patients will be required to have a referral from their own practice. They cannot just turn up for ear irrigation at Charlton. Dawley patients will be seen by one of the Dawley nursing team to check the patient is eligible and meets Charlton's conditions for this procedure. If the patient satisfies all the conditions he/sheand will be given a phone number to contact Charlton.

PM requested the help of the PF to help with the wording of the MJOG and social media messaging informing patients of the changes to the ear irrigation service. Patsy, Consultant Nurse, will be able to supply the medical terminology.
Action: PJS/LP to liaise with PC to produce a message/graphics for MJOG & social media to explain the new procedures for the ear irrigation service.

PM wished to remind members of the new WaitLess App that shows the number of patients waiting, wait and travel times at the various Urgent Treatment Centres (UTC) at SaTH, RSH and other MIU across Shropshire, Telford & Wrekin and surrounding areas. The app is regularly updated with latest status at the different venues.


Download the
WaitLess App – urge

PJS asked if the practice had been made aware of a new NHS initiative due to be launched in 2027 via the NHS App for an Online Hospital service to treat a small number of conditions including:
Glaucoma
Macular Degeneration
Inflammatory Bowel Disease
Iron Deficiency Anaemia
Enlarged Prostate conditions
Menopause and menstrual conditions
PM reported that the practice has not received any detailed information on the planned service. The British Medical Association has expressed serious doubts and concerns about this initiative, fearing it will create more pressure on GPs. Let's wait and see!!


New NHS online
hospital to focus on

SK joined the meeting
With all the reports in the media about drug shortages PJS asked SK if he could explain to members how serious the shortages are, the reason for them and the provisions made by the prescription team to keep any shortage issues to a bare minimum for patients. SK explained that any shortages of specific drugs could in most cases often be offset by providing an alternative product and also keeping patients informed of any changes. SK explained that community pharmacies very often only buy drugs from one supplier so if that supplier experiences shortages they do not have short term access to alternative products. SK has very good relations with a number of the local community pharmacies so is able to locate alternative availability of any drugs in short supply. SK explained that practice staff can access a portal to check for shortages, however this was not thought to be kept up to date daily.

PJS/LP wanted to know from SK if James Milner (JM), Chief Pharmacist & Head of Medicine |Management for the S.T&W ICB was still in post after the recent Management of Change within the organisation and the clustering with Staffordshire, Stoke-on-Trent (SSOT) ICB. SK believed JM was no longer in post and that a new appointee would be taking up the post in the new cluster. No name has yet been notified,

MH wished to know the role of community pharmacy and how it differs from any other pharmacy. PM explained that it is a dispensing pharmacy in the community as opposed to a hospital or practice pharmacy, open to the public and very often offering other paramedical services/procedure and medical advice

7. Survey Results 2026

The results from the 2026 NHS GP Patient Survey and the in-house patient survey had been shared with members prior to the meeting. In the national survey DMP has come out very well compared with other practices in the Wrekin PCN and TELDOC. The in-house survey was based on the results from 160 completed surveys. With very few exceptions patients were very positive about their experience of services offered by the practice. PJS/LP/JP who conducted the surveys commented on how open patients were about expressing their views and also some concerns when chatting to them. The number of patients transferring in to DMP from TELDOC was quite surprising and their reasons for the move very interesting to hear, many criticising the use of the initial digital triage by an AI robot (Artificial intelligence) and lack of any real human interaction. That patients could still come and chat at the DMP reception desk to ask questions and make appointments was greatly valued. Any recurring issues of concern noted on the survey by patients have been shared with PM for further action.

PM reported that at the recent CQC readiness session held at the practice it was recommended that the questions asked in the national survey be re-run in the practice amongst all currently registered patients who had accessed the practice over the last 12 months. This would provide a much greater sample than the national one which was based on 94 returns out of 417 sent out = less than 1% of patients registered. The NHS GP patient Survey figures are used by government for planning purposes. Badly performing practices in the S,T&W are usually highlighted in the local press.

8.Funding/Donations/Grants

PM informed the meeting that after further research since the March 2026 meeting the cost of a replacement height/weight machine for the main waiting room offering integration with the practice's EMIS system was estimated to be in excess of £7,000 and rental options were also very expensive. The proposed 50/50 joint venture option with the local council had been based on an estimated cost of approx. £3,000. However, partners decided that sufficient funds were not available top purchase a new machine so have opted for an extended warranty scheme on the current machine which will also cover repairs and annual calibration.

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It was agreed by members that DH should go ahead using the £250 grant from Dawley Council and any funds remaining raised from cake sales to purchase the necessary equipment and materials to install the cycle rack at his convenience. Once installed a

photo opportunity would be arranged with local councillors to officially 'open' the cycle rack' supporting the authority's healthy lifestyles programme.

LP wished to know if the practice staff had any other specific needs for any small items not covered by practice funds such as extra fans for use during periods of extreme heat. PM was happy with the suggestion that any spare PF raised funds be spent on the purchase of more of the more comfortable chairs with arm rests for the waiting areas.

9. Sunday Health Awareness Events 2026

PC attended the meeting to present her report of the MSK event held on Sunday 5 July 2026. Report attached.

MSK - PC open day report 5.7.26. report

PJS/LP who attended the event to man an information table raised their concern at the short notice given to patients about the event and the unfortunate confusion with the issue of MJOG notifications. It was felt that information about future events should be issued sooner to give patients more notice of the event and, if talks were being included, to give approximate timings of those. It was felt that FB as a means of conveying information about the events was very limited due to a small number of followers to date. MJOG reaches a much bigger audience and can be targeted to specific patient cohorts. Posters to be used in the lobby and in both waiting rooms in addition to the JAYEX screen used in Reception.

Future events:
Sunday 6 September – Healthy Lifestyles

Healthy Lifestyle Poster.jpg

Sunday 4 October – Covid & Flu vaccinations clinic + Cake stall
Sunday 8 November – Men's Health

10. AOB

PM encouraged members to complete the Friends & Family cards in reception, text requests for feedback following your appointment and the feedback option on patient's appointment experience on the NHS App. The June FFT result showed that 96% of patients would recommend the practice. All this evidence is supporting material for any future CQC visit.

PM would like to get some CQC readiness for patient feedback set up as a "you said/we did" poster in reception. The idea being that not all patients appreciate how

good the practice is or realise that we listen and act on the ideas/feedback/complaints – phone options for bereavement/palliative; not gone fully online triage etc. We can feedback on the actions we've taken from patient feedback and surveys.
PM asked it the PF has any ideas on this too?

11. Date of next meeting

Members had a short discussion about suitable day/times for future meetings. It was agreed that during the summer months a meeting on Tuesday evening between 5.30 – 7pm when the practice was open for its weekly Enhanced Access clinics would be good and during winter months either a Friday between 12.00 – 14.00hrs or if required a Saturday morning between 09.00 – 11.00am.
The next scheduled meeting will be on Tuesday 22 September 17.00 – 19.00 at the practice.

There being no other business the meeting closed at 13.50

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