

Dawley Medical Practice Patient Forum

Minutes of Meeting 28 January 2023

Present:

Brian Churm (BC), Diana Clarke (DC), Lynn Pickavance (LP), Neil Clarke (NC), Patrick Spreadbury (PJS), (DM), Denise Hallett, Dawley Medical PM (DH)

Observer - David Morgan, Wellington MP PPG Chair

Apologies:

Julie Prentice, Simon Meadows, Susan Woodvine, Terry Whiten (see below)

TW has sadly had to withdraw from the PF membership due to other family commitments and associated health issues. He offers his best wishes to the group for the valuable work it does on behalf of patients.

PS had extended an invite to Dave Morgan, Chair of Wellington MP PPG, so he could observe how DMP run their Patient Forum meetings.

The minutes of the meeting 15 September 2022 were accepted by the group. A number of matters arising from the minutes were to be addressed in items on the meeting agenda for 28 January 2023.

Practice Update

DH provided an update on developments in the Practice under headings below:

Staffing: -

Dr Andrew Harwood, who joined the Practice as a salaried GP in August 2022, has now become Partner. The Practice has gone from 2 to 4 Partners – Dr Nia Murphy, Dr Hannah Bufton, Dr Kathryn Lovett and Dr Andrew Harwood. Dr Lovett continues on maternity leave until November.

Dr Davies is looking to reduce his 4 sessions a week, spread over 3 days and to work 2 days from April 2023.

Sister Deb Hugh, one of the Practice Nurses will sadly be retiring 8 February 2023. She has been with the Practice almost 34 years. Her hours will be filled by an existing Practice Nurse increasing her hours and a mix of other staff.

An Advanced Nurse Practitioner (ANP), Patsy Clifton, will be starting on Monday 31 January 2023, doing 1-3 days a week covering minor surgery which has been lacking since Dr Lovett went on maternity leave. Patsy, formerly an ANP at Wellington MP and now a Trainer for the Integrated Care Board (ICB) NHS ST&W, will also cover Women's Health and will be joining the team of Sister Gallimore and Dr Lovett. Patsy comes with a wealth of knowledge and will support the nursing team in their training and professional development.

A new Urgent Care Practitioner (UCP), David Grantham, has also joined the Practice team, who again comes with a wealth of knowledge from primary and secondary care, part of the HAART (Hazardous Accident Response Team) team as well. David will be working Wed and Fri and supporting the GPs with urgent care work and home visits.

Dr Oluchi continues as one of our regular locums, covering for Dr Lovett's maternity leave. The Practice will also be looking at employing another regular locum, or salaried GP, to take on Dr Davies' sessions once he drops down to 2 days a week.

Lauren Priddey, a Mental Health Practitioner, has joined the Wrekin PCN team. Lauren will be working Mondays and Fridays at DMP. She will be seeing all adult patients presenting with things like anxiety, low mood, depression.

The Primary Care Network (PCN) is also looking to recruit a pharmacy technician to join our in-house Pharmacy team headed by Surinder Kumar.

The PCN is recruiting a Care Coordinator. This follows on from the successful pilot Dawley took on with Macmillan to have a cancer care coordinator. The post holder will provide non-clinical support to patients, support the clinical team and make sure all the data and non-clinical work is completed. In addition the post holder will help with getting information to our patients, looking at websites and related campaigns. The Care Coordinator can refer into all non clinical services and will link in with the Practice GPs for any medical referrals

Buildings: -

The Practice is still negotiating with the ICB to look at converting some of our vacated rooms to increase clinical rooms. Clinical rooms are filled every day and the Practice continues to take on more PCN staff.

DH continues to work with the Landlords (Assura) to get the outside of the building cleaned – gutters, gully's, roof. The car park resurfacing has still not been settled even though quotes, requested by the landlords, have been provided by the Practice.

Car Parking issues: -

PJS updated the meeting on the response to his letter sent to local councillors, Ian Preece, Barrie Parnaby and Sean Davies, outlining the continuing problems with parents using the Practice parking spaces, including the disabled spaces and the easy access spaces at the main entrance, to drop off and pick up their offspring before and after school..The letter also asked if further information could be given about who might be responsible for the upkeep of the blue wooden fencing on the Practice perimeter and also who owned the plots of land behind the fence None of the councillors replied to the letter but PJS received a phone call from the Clerk to Great Dawley Council, who had been tasked by Cllr Parnaby to ask for more details. The Clerk to the Council suggested having a PCSO (Police Community Support Officer) patrolling the Practice car park and informing parents that the practice car park was private property and not a public facility. This could not be a long term solution and would not solve the problem long term. It was also suggested that the Practice displayed a number of notices to deter parents using the practice car park as a drop off and pick up area.

DH proposed that the Practice should trial displaying 'No Parking' notices around the car park to see if this might act as a deterrent and that PJS should contact the Clerk to the Council to discuss the suggestion of a PCSO and ask for the Council's assistance and support. PJS also to seek further clarification on ownership of the blue wooden perimeter fencing to request urgent removal of debris and maintenance of the fence. PJS to contact the Headmaster of The Langley school, Mr Carter, to ask if he will remind parents in his next

Newsletter that the Practice car park is private property and that persistent infringements will be notified to the police.

Actions: PJS to write letter to Head of Langley School
 PJS to contact Clerk to Great Dawley Council re PCSO
 PJS to write to local Cllrs re state of boundary fence and possible signage

Telephones: —

DH informed the group that a new national framework agreement for telephony in general practice is expected very soon. This may provide funding, so the Practice may be able to terminate its current contract early. The current contract is not fit for purpose with the current and expected demands being placed on it.. It will be a cloud based system, which removes the limits on number of handsets, call lines in and out of the Practice and gives greater flexibility to answer calls anywhere, enable patient virtual queues and other ways to better manage patient calls and support patients getting through to the Practice. DH hopes to have a change of contract in April this year.

Refurb of waiting room: -

DH informed the meeting that the cake stall manned by Patient Forum members in October 2022 flu clinic raised £90 which would be added to the fund for refurbishing the waiting rooms. New more patient friendly seating would be installed and more appropriate floor covering. DH would be very grateful if any of the members could share any ideas that may have ideas for furniture, colour schemes, layout etc.

Flu /Covid vaccines –

The Practice still has a stock of flu vaccines and will continue to invite any eligible patients to come forward until the end of March 2023 to get vaccinated.

The Practice does not have any covid vaccines and is not expecting any deliveries. All housebound patients eligible for a vaccine/booster will be referred to the ICB roving vaccination team to deliver the vaccine.

DH referred the group to the Practice Winter Newsletter for further details about the council-run Winter Support Service.

PJS raised the eligibility of patients for the shingles vaccine as he had a had a number of queries from a number patients after a radio and TV shingles vaccine awareness campaign. DH explained that the patient's age was the most important in assessing eligibility and informed the group that if a patient was eligible he/she would be contacted by the practice to make an appointment. If, however, they had not been contacted and they were now eligible patients should contact the practice.

NHS - Who can have the shingles vaccine?

You're eligible for the [shingles vaccine](#) when you're aged 70 to 79.

When you're eligible, you can have the shingles vaccination at any time of year.

The shingles vaccine is not available on the NHS to anyone aged 80 and over because it seems to be less effective in this age group.

31 August 2021

5. Enhanced Access:-

DH outlined the PCN Enhanced Access cover:

Monday – Friday 6.30pm – 8.00pm

Monday, Wednesday, Thursday, Friday - provided by Hollinswood MP

Tuesday 6.30pm to 8.00pm – provided by Dawley MP

Saturday 8.00 am – 5.00pm - provided by Wellington MP

Sunday 8.00am to 1.00pm (every 4 weeks) – provided by Dawley MP

The Sunday Enhanced Access provision by Dawley MP is in addition to the NHS England contract. Dawley patients had become used to the Sunday clinics covered by Dawley MP under the previous Enhanced Access scheme which had proved popular. Appointments can, however, be offered to patients from other practices in the PCN.

PJS asked if there were any figures for the PCN available which showed the spread/percentage of patients from the three PCN practices taking up the appointments across a week/month, as were produced for the previous Extended Access scheme. DH thought patients were tending to prefer appointments at their own practice. DH explained to the group that there is currently no data being published by the ICB to show the spread of appointments made by each practice across each PCN and also that the appointment system set up in the Practice is not set up to extract this data/

DH clarified that at every EA session there is a GP present. In addition there will be a mix of Health Care Assistants, Practice Nurses ANPs, UCPs, Pharmacists etc all doing telephone and face to face appointments, both routine and urgent. The IT system is not yet set up for online booking. Dawley MP has been using its appointments for routine health checks, medication reviews, immunisations and vaccinations, women's health, giving test results and minor operations. We find that the telephone appointments run fine with very few Did Not Attend (DNA), however, vast majority of DNAs are the nurse and HCA appointments because they have more face-to-face appointments. The GPs have more telephone appointments and far fewer DNAs. If the patient does not turn up for their appointment, the clinicians do call the patients to remind them, but if it's a 20-30 minute appointment they cannot always squeeze that additional appointment into an already full clinic. So whilst calling you to remind you of your appointment the Clinicians will try to complete as much as they can over the phone e.g. for an annual review much of the consultation can be done over the phone. Clinicians will try to squeeze in the shorter appointments when patients come down to the Practice after being phoned.

PJS asked if EA appointments were being offered across the PCN if there were no core hour appointments available on the day, as some patient feedback had been received indicating that this was not always being done. Sadly if patients are not aware of the EA scheme they would not think to ask the call handler about the availability of possible EA appointments. DH confirmed that at Dawley, all reception team members will have the Enhanced Access booking system open and have been trained to routinely offer EA appointments.

PJS raised the issue of patients being able to cancel an EA appointment by phone. DH confirmed that this was possible during core hours (08.00am – 06.30pm Monday – Friday) and also Out of Hours on weekdays. This would be done by selecting Option 1 when telephoning to cancel an appointment if the patient rings the Practice. However, this is currently not possible at weekends/bank holidays, so such ' uncancelled' appointments

would be registered as DNAs. The Practice Reception manager is working with the current telephone provider to extend the cancellation option to weekends/bank holidays. Once this is enabled the new information will be published on the Practice website. A reminder will also be attached to the appointment confirmation and it will be an automatic option when the patient rings the Practice during EA/Out of Hours periods.

6. Citizen's Access to Medical Records:-

DH informed the meeting that, after a number of delays and that, as from 8 December 2022, those DMP patients, who already had some access to parts of their medical records via EMIS (Patient Access) and the NHS App, would have full access to free text documents, test results, consultations, immunisations, medication and appointments. Any patient applying for access after the 8 December would only have access to information starting from the date of approval of their application. There would be no access to historical data at this time.

DC/NC asked how they could now apply for access to their medical records. DH agreed to have the necessary application form e-mailed to them for completion. The request would be processed by Practice admin and access confirmed.

The group discussed the benefits for patients and the practice of patients having access to their medical record on their computer or mobile device as it could save time at any future outpatient appointment or future hospitalisation. PJS highlighted that at the last count obtained in 2022 only about 25% of Dawley MP patients have signed up to Patient Access and suggested that the PF should hold a number of Listening Table sessions to stress the benefits of having access to medical records and to encourage more patients to apply for access.

Action: PJS/LP to liaise with DH to set dates for Listening Table to promote NHS App/Patient Access App

7. Appointment data October – December 2022 for Wrekin PCN:-

PJS informed the group of the decision in September 2022 of the then Secretary of Health to provide patients with data showing how individual medical practices were performing in relation to different types of appointment (face-to-face, online, telephone, with a GP or other practitioner). This data is gathered every month and data published on the NHS Digital website during the last week of the following month. Although the data is published, it is currently up to individual practices to make their own arrangements to extract data from the large file of Excel spreadsheets.

PJS had circulated the data he had summarised for the practices in the Wrekin PCN for October – December 2022 and also that of TELDOC as the other major practice in the area. Appointment data to date for the three Wrekin PCN practices can be found in Appendix 1

PJS also shared some of the data on patient experiences for the Wrekin PCN and its constituent practices from the last annual NHS General Practice Patient survey. This survey is sent out to a number of randomly selected patients from every GP practice in the spring and results published in June/July. PJS emphasised that the number of surveys sent out to and returned for the Wrekin PCN is very small and can only be seen as a brief snapshot of how that small selection of patients judged performance measured against the national average.

DH raised the issue of incidents of verbal abuse towards Practice Reception staff by some patients who are unhappy that they still have to use the intercom to gain access to the Practice. The main doors to the Reception area have to remain closed for the safety of both staff and patients as the Practice has a contract, known as Special Allocation Scheme(SAS),

to act as the GP practice for registered violent and abusive patients. In the past such patients have had open access, but there were examples of some Reception staff and patients in the waiting room being physically and verbally abused which caused severe distress to all parties and damage to Practice property.

SAS patients are given specific timed appointments and if they do just turn up at the Practice in contravention of their contract with the scheme then they are turned away before gaining access to the Practice, If they refuse to leave then the police will be called.

DH reported that abuse from patients to staff was increasing and that, where previously the non-clinical staff had borne the brunt of this, it was now being noted by the clinical staff.

It was unanimously agreed that neither verbal nor physical abusive behaviour by any patient is acceptable. The members agreed the Patient Forum should draft an item for the next Newsletter supporting the Practice's actions to safeguard its registered patients and stressing that the Practice has a zero tolerance of any form of abusive behaviour towards staff and any other patients. Such behaviour could result in a patient being deregistered and referred to the SAS scheme for any future primary medical care.

The Special Allocation Scheme (violent patients) (SAS) - GP practices may find themselves in a situation where they are faced by a violent or aggressive patient. In such cases the patient can be immediately removed from the practice list. The special allocation scheme (SAS) provides primary care medical services to patients who meet the criteria in a secure environment at a designated practice.

SAS is in place for Shropshire, Telford and Wrekin ICB patients and is provided by: Marden Medical Practice (Shropshire patients) and Dawley Medical Practice (Telford patients).

The purpose of the SAS is to deal with patients who are violent or aggressive. It aims to protect GPs, practice staff and patients who have the right to be in the practice without fear of intimidating behaviour, whilst adhering to the right of treatment that any patient has.

Action: LP to share letter re: unacceptable behaviour towards Practice staff with DH.

DH/PJS/LP to draft letter to patients re unacceptable behaviour.

8. Referrals via TRAQS: -

PJS informed the group that there had been some confusion amongst patients in T&W about the GP referral process for treatment in secondary care and, for some patients, with particular reference to referrals into Community Health Eye Care (CHEC) based in Preston, where there was evidence of some inconsistency. DH confirmed that all GP referrals in T&W for treatment in secondary care should be dealt with by TRAQS, who should inform patients of their initial appointment or, alternatively direct them to contact their chosen service provider directly. PJS highlighted cases where patients were receiving the initial information about ophthalmology appointments from CHEC by phone and/or letter but were unsure what this organisation was as it appeared to come from outside S T&W,.

BC was keen to understand the process of patient referral notes being entered into patient records by the Practice and if receipt of all patient supplied e-mail data was confirmed by the Practice. DH explained the standard procedure for confirmation of e-mails in place within the Practice as explained on the Practice website. DH invited BC to discuss further with her if he had any other questions..

9.DMP Facebook page: -

DH gave an update on the planned launch of the DMP Facebook page. Due to staff sickness, and work pressures over the last few months, the launch of the Facebook page has been delayed until late March 2023. When up and running it will only be for sharing Practice information and news and will not, for the present, allow patient comments or item sharing. It is hoped that this will be a welcome addition to the Practice website, quarterly Newsletter and Mjog messages in sharing information.

10. Patient Forum Admin, Membership and Recruitment:-

PJS proposed that, to relieve the admin staff of being responsible for all of the Patient Forum admin, the Patient Forum officers would in future be responsible for issuing meeting notifications and invites, writing up minutes from the meeting recording, circulating minutes to members, maintaining membership lists, calling for agenda items and drawing up meeting agendas. It would be much appreciated if the Practice would cover any photocopying necessary for meetings.

PJS updated the meeting with the latest membership data. On paper the Patient Forum nominally has 18 members. However, it seems from lack of responses and any activity from some members, that we currently only have 8 active members who have attended any meetings over the last 12 months. It was agreed by members present that all members be contacted asking them to confirm if they wish/do not wish to continue to be members. PJS agreed to draft a letter.

Members discussed the suggestion made that it would be a good idea going forward to suggest to the PCN clinical directors that a PCN-wide patients group should be established to better facilitate cooperation and collaboration between the patient groups of the three constituent practices and to be a conduit for the practice patient representatives from the three constituent practices to raise patient suggestions/issues/concerns in fulfilling their role as critical friends to the PCN and also be active in promoting the PCN. DH agreed to refer the idea to the clinical directors.

It was agreed by those present that a recruitment drive should be organised via the Patient Handbook, posters in the Practice, on the Jayex screen and in the Spring newsletter. It would be important to emphasise the value for both patients and the Practice of an active patient group acting as a critical friend for the Practice partners in their decisions for the future development of services for patients and the local community.

Actions: DH to contact Wrekin PCN Clinical Directors

Action: PJS to draft letter to all patients on current list of members

11. Practice catchment area: -

PJS reported to the group that some patients at another MP in Telford had been receiving letters from the Practice informing them that, due to increasing demand from newly built housing and as they were now outside the Practice catchment area that they would have to find an alternative practice. They would have a set time frame in which to do this. In discussions with Dawley PM, PJS wanted to know what Dawley's position was on out-of-catchment-area patients and if they would also be deregistered due to increased demand from within the catchment area.

DH informed the meeting that the Practice was obliged to inform patients when they resided outside the Practice catchment area and to inform them they had 30 days in which to register with another medical practice in their catchment area. However, Dawley did not currently have a process of formally identifying those patients and they are usually identified when they move house to one outside the Practice catchment area, a new household member registers with the Practice, address on other healthcare documents from, other healthcare professionals identifies a different address to the one on Dawley's patient records. However, she could not rule out that the PCSE (Primary Care Support England) might do an audit of patients on practice lists against allocated funding per patient.

DH explained that there are a number of reasons the Practice might be unable to retain patients outside the catchment area, which include the length of time it would entail to provide, home visits, funding associated staff linked to the Practice catchment area such as district nurses, midwives and health visitor. There are also a handful of reasons why the Practice will retain patients residing outside the catchment area such as continuity of care for a patient undergoing active treatment and palliative care.

AOB

DH informed the group that the Care Quality Commission (CQC) were inviting patients to take part in a national survey of patient experience of Primary Care. Anyone interested in taking part can find the link below and on the Practice website.

<https://www.cqc.org.uk/care-services/because-we-all-care-focus-people-who-are-over-55>

DH informed the group that the annual NHS GP Patient survey questionnaires were now being sent out and urged members to complete the survey if they were randomly chosen and to inform their friends, family and other contacts.

Date of next meeting: To be notified as soon as arranged.