Dunsville Medical Centre
126–128 High Street
Dunsville, Doncaster
South Yorkshire DN7 4BY

Patient Participation Group (PPG) – Meeting Minutes

Location: Dunsville Medical Centre – Patient Waiting Room | **Date: 13/07/2026**
Format: Face to Face | **Schedule:** 2nd Monday every 3 months

Present

– Michael Lyall (Chair), KH, LC, TB, MJ, LB, NM, NK

Apologies

– N/A

In Attendance

– Mr Noel Kizere the Manager for McGill's Pharmacy on Dunsville High Street.

The minutes of the previous PPG meeting were agreed as an accurate reflection.

Minutes

#	Item / Discussion

1 This item was carried forward from the previous meeting to consider whether there were any actions the Practice, Pharmacy, or patients could take to help **reduce the impact of ongoing medication supply issues.**

The group welcomed Noel Kizere from the local community pharmacy, who kindly attended to provide insight into the challenges currently affecting the supply of certain medications. Noel explained that shortages are often caused by national and international manufacturing, distribution, and supply chain issues that are outside the control of local pharmacies and GP practices.

Discussion took place around the effect these shortages can have on patients, including delays in obtaining prescribed medication, the need for alternative treatments, and the frustration experienced when medicines are unavailable at short notice. Noel outlined the steps community pharmacies take to source medicines and work with prescribers to identify suitable alternatives where appropriate.

Members asked whether there were any practical improvements that could be made locally. Suggestions included encouraging patients to order repeat prescriptions in good time, maintaining good communication between practices and pharmacies, and ensuring patients are aware that medication availability can vary between pharmacies.

The group thanked Noel for attending and for providing a helpful overview of the challenges faced by community pharmacies. It was acknowledged that while many supply issues are beyond local control, continued collaboration and communication between practices, pharmacies, and patients remain important in minimising disruption.

2 **Practice signage**, Michael explained that the surgery used to have a white 'surgery' sign which blew down in a storm. We are in the process of arranging a 'hospital style' Dunsville Medical Centre sign so that the surgery is more obvious. As part of a wider discussion regarding the patient environment, members were informed of plans to undertake some general redecoration within the building, including refreshing several internal areas.

The group was invited to share views on the existing décor within the waiting room. Whilst some changes had been under consideration, members expressed positive views regarding the current colour scheme and felt it contributed to a welcoming and distinctive environment.

The discussion provided a useful example of how patient feedback can help inform Practice decisions. In light of the views expressed by the group, it was agreed that the waiting room décor would remain unchanged at this time, whilst refurbishment work in other areas of the Practice continues as planned.

Post meeting update, the exterior practice signs should be erected on Wednesday 22nd July.

Outcome: Patient feedback noted and incorporated into future refurbishment plans.

3 An update was provided on **current staffing levels** within the Practice. Members were informed that a planned GP recruitment has unfortunately not progressed, and the Practice is therefore actively recruiting to fill the vacancy.

The reception team continues to operate with some staffing pressures; however, staff have worked hard to maintain services and are coping well despite ongoing challenges. Members were pleased to hear that two recently appointed receptionists have settled in well and are making a positive contribution to the team.

It was also noted that the Practice has recently strengthened its administrative function through the appointment of a new Secretary and Data Processor. These roles provide additional support to back-office processes and help ensure the efficient handling of patient administration and correspondence.

Outcome: Staffing remains under regular review, with recruitment activity continuing where required.

During the discussion, a member suggested whether temporary reception staff could be used to help address current staffing pressures. It was explained that the role of a GP receptionist can be complex and requires significant training and ongoing support. Reception staff are often required to manage a wide range of tasks, including patient enquiries, appointment navigation, clinical correspondence, repeat prescription requests, and the appropriate escalation of urgent issues.

As a result, while temporary staffing can be beneficial in some settings, it can be challenging within general practice due to the time required to safely train and support new staff members. The Practice therefore remains focused on recruiting and developing permanent members of staff wherever possible.

Members thanked the Practice for providing further insight into the demands of the reception role and the challenges involved in maintaining staffing levels.

Outcome: Discussion noted.

4 **Group Consultations;** Members were provided with an update on recent group consultation sessions delivered by the Practice. A men's health session focusing on diabetes and mental health has recently been held and was very well received by those who attended.

The Practice continues to explore opportunities to deliver further group consultations, recognising the benefits of shared learning, peer support and increased access to information. Subject to final arrangements, the next session is expected to focus on cardiovascular health and menopause and will be offered to female patients.

The provisional date for this event is **20 August**, with further details to be confirmed.

Outcome: Members welcomed the continued development of group consultations and noted the positive feedback received from previous attendees.

5 **Citizens Advice Service;** Members were informed that representatives from **Citizens Advice** are now holding regular sessions at the Practice on Mondays. The service is available to support patients with a range of issues, with a particular focus on assisting individuals to complete benefit and support claim forms and access appropriate advice.

Patients can access the service directly and are encouraged to self-refer using the contact details and QR code displayed on Practice posters and banners. Reception staff can also signpost patients to the service where appropriate.

The group welcomed the introduction of the service and recognised the potential benefits for patients who may require additional support with financial, welfare, and related matters.

Outcome: Members noted the availability of the service and were encouraged to help raise awareness amongst patients who may benefit from accessing support.

6 **Format of Future PPG Meetings;** Members revisited a previous discussion regarding the format of future PPG meetings and whether some meetings should be held virtually using Microsoft Teams. The option of alternating between face-to-face and virtual meetings was considered as a way of potentially increasing accessibility and participation.

During discussion, members expressed a preference for continuing with face-to-face meetings, commenting that they valued the opportunity for in-person discussion and interaction. It was felt that the current format encourages open conversation and helps maintain a positive group dynamic.

The group agreed that meetings should continue to be held face-to-face at present, although the option of virtual meetings may be revisited in the future should circumstances or member preferences change.

Outcome: Face-to-face meetings to continue, with virtual meetings remaining an option for future consideration.

7 **Friends and Family Test (FFT) Results – June 2026;** The Practice provided an update on the June Friends and Family Test (FFT) results. A total of 120 responses were received during the month. Of these, 97.5% of patients rated their experience as either *Good* or *Very Good*, with 88.3% selecting *Very Good*. Only 0.8% of respondents rated their experience as *Poor*.

Following a query raised at the previous meeting, the Practice reviewed the likely number of FFT invitations issued. Whilst it is not possible to confirm the exact number of survey invitations sent automatically, there were approximately 3,105 appointments during June, including telephone consultations and nursing appointments. As FFT requests are

typically sent following appointments, it is estimated that the response rate was around 4% (120 responses from approximately 3,105 appointment contacts).

Members noted that survey response rates are often relatively low, particularly given the large number of surveys people receive from a variety of organisations. However, the group was reassured that every FFT response received by the Practice is reviewed as part of the monthly patient feedback process and contributes to ongoing service improvement.

The Practice also confirmed that the figures presented relate to the monthly Friends and Family Test rather than the national GP Patient Survey. An update regarding the current arrangements for national patient surveys will be provided when available.

Outcome: Members welcomed the positive results and noted that patient feedback continues to be reviewed and considered by the Practice on a regular basis.

8 **Appointment Availability and Booking Arrangements**

A member asked for clarification regarding the availability of 08:00 appointments and whether these were additional appointments or formed part of the Practice's existing appointment allocation.

The Practice explained that clinicians have a fixed number of appointments available which are allocated across a range of booking routes. These include appointments booked by reception staff following patient contact, appointments made available for online booking, and appointments reserved for clinical use where a patient may require a face-to-face review following an initial telephone assessment. In addition, the Practice is required to make a number of appointments available in accordance with NHS access requirements.

The discussion highlighted the complexity of managing appointment availability and ensuring that capacity is allocated appropriately to meet patient need whilst maintaining flexibility for urgent and clinically assessed cases.

Outcome: Members noted the explanation provided regarding appointment allocation and booking processes.

During the discussion on appointment availability, a member described a recent experience where they were advised by the Practice that, whilst an appointment was clinically appropriate, no routine appointments were available at that time. The patient was

informed that appointments reserved for booking through NHS 111 were visible on the system but could only be accessed via the NHS 111 service.

The member felt that contacting NHS 111 in order to access an appointment that could be seen on the Practice system introduced an additional step and was frustrating from a patient perspective.

The Practice explained that a number of appointments are required to be made available for booking through NHS 111 as part of nationally mandated access arrangements. These appointments cannot be booked directly by Practice staff and are subject to specific booking rules. Whilst this process can occasionally appear inefficient from both the patient's and Practice's perspective, the arrangements are determined nationally rather than locally.

Members welcomed the explanation regarding the purpose of NHS 111 bookable appointments and acknowledged that the Practice has limited control over how these appointments are allocated and accessed.

Outcome: Feedback noted. The Practice will continue to explain the different appointment routes available to patients and raise concerns regarding access processes through appropriate channels where opportunities arise.

9 **Phlebotomy Appointments;** Members raised concerns regarding the time taken to obtain a routine blood test appointment at the Practice.

The Practice explained that, whilst blood tests form an important part of patient care, there are alternative local phlebotomy services available, including the walk-in service at Doncaster Royal Infirmary. It was noted that some practices no longer provide routine blood testing and instead direct patients to external phlebotomy services.

The Practice has chosen to continue offering a number of blood test appointments for patient convenience where capacity allows. However, it was explained that the Practice's nursing team also provides a range of specialist services, including advanced wound care, spirometry and FeNO testing. These services require significant clinical expertise and can reduce the need for patients to attend other healthcare settings.

Members discussed the balance between providing local blood test appointments and making best use of highly skilled clinical staff. It was recognised that there are competing demands on nursing capacity and that appointment availability must reflect the range of services provided by the Practice.

The Practice agreed to explore whether any additional phlebotomy support may be available through Primary Care Network resources and will provide an update if opportunities are identified.

Outcome: Concerns regarding blood test appointment availability were noted. The Practice will review any potential options for additional phlebotomy support whilst continuing to make best use of existing clinical resources.

10 **Medication Queries and Follow-Up Reviews;** A member asked about the process for discussing concerns regarding prescribed medication, including situations where a medication is not working as expected or may be causing side effects.

The Practice explained that medication-related queries often require review of the patient's medical record, consideration of the reason for prescribing, assessment of previous treatments and evaluation of potential alternatives. For this reason, medication changes generally require clinical review rather than an informal message being passed directly to a clinician.

It was noted that medication queries may be directed to the most appropriate clinician, including the Practice's Clinical Pharmacist, who is able to review many medication-related concerns and provide advice or support where appropriate.

During the discussion, a member referred to being advised to have a medication reviewed after a period of time and had expected the Practice to make contact to arrange this. The Practice explained that whilst patients are routinely recalled for certain long-term condition reviews, such as asthma and other chronic disease monitoring, medication reviews following the commencement of a new treatment may vary depending on the medication and clinical circumstances.

Members were advised that patients should contact the Practice if a newly prescribed medication is proving ineffective, causing side effects, or if concerns arise before a planned review date. In many cases, patient feedback forms an important part of assessing whether a treatment is working as intended.

The group noted that proactive follow-up is undertaken for some specific medicines and clinical situations; however, it would not be practical or clinically necessary to routinely contact every patient after every medication change.

Outcome: Members welcomed the clarification regarding medication reviews, the role of the Clinical Pharmacist, and the shared responsibility between patients and clinicians in monitoring the effectiveness of treatment.

1 **NHS App and Telephone Consultation Follow-Up;** A member asked whether the NHS
1 App was operating correctly after booking an appointment through the app and subsequently not receiving an expected telephone call.

The Practice explained that, whilst the NHS App itself is generally a reliable booking route, there can occasionally be issues affecting telephone consultations for a variety of reasons. These may include telephone network problems, calls being directed to voicemail, incorrect contact details being held on the patient record, or other technical and operational factors that can be difficult to identify after the event.

The group was informed that clinicians will generally make two attempts to contact a patient during a scheduled telephone consultation, as this is considered the most effective and appropriate use of clinical time. Where contact cannot be established, the appointment outcome will depend on the circumstances and the information available to the clinician.

Members were encouraged to ensure that their contact details remain up to date and were advised that, if a similar issue occurs in the future, they should contact the Practice with as much information as possible so that the matter can be investigated.

Michael pointed out that the NHS app is the most effective way for patients to order repeat medications. It would help our reception staff answer calls more effectively if more patients ordered their routine medications through this app. The app is available here https://www.nhs.uk/nhs-app/setting-up/downloading/

Outcome: Members noted the explanation provided regarding telephone consultations and the importance of maintaining accurate contact details.

Notes

Meeting Close

There being no further business, the meeting closed at **7:30pm**.

The next PPG meeting is provisionally scheduled for **Monday 12 October 2026 at 6:00pm**. In accordance with the group's preference, the meeting will be held **face-to-face at Dunsville Medical Centre**.