

**Notes of the group meeting of the Milton Abbas and Milborne St. Andrew Patient Participation Group  
'Patient Voice' held on Tuesday 9<sup>th</sup> December 2025 at 12:00pm in The Royal Oak, Milborne St Andrew**

**Present:** Pam Shults (PS - Chair), Dave Andrews, Val Andrews, Martin Davies (MD), Gina Dobbins(GD), Peter Dobbins, Val Downes, Ann Fookes, Nigel Hodder (NH), Sarah Noble (SN), Lynn Taylor (LT)

**Apologies:** Adrienne Lagrue, Adrienne M<sup>c</sup>Intosh, Susie Potter, Diana Sale, Elizabeth Whatley, Colin White

AGENDA ITEM	NOTES	ACTION
<b>1. Welcome and Apologies</b>	Pam Shults chaired the meeting and welcomed all attendees.  Apologies were received from those listed above.	
<b>2. Minutes of Last Meeting</b>	The minutes of the meeting held on 9 <sup>th</sup> September 2025 were agreed and approved.	
<b>3. Matters Arising</b>	NH asked if any new date had been provided for the road closure to enable surface repairs. SN advised she had spoken to the Council, and they had suggested that when it happens (probably in the Spring) they will ensure patients are accompanied across the road to gain access to the surgery.	
<b>4. Practice/PCN Report</b>	<p><b><u>Staff</u></b> Tara Guest will be joining the Practice as a Nurse in February.  Elaine &amp; Hannah are sharing the Nurse Team Lead role.</p> <p><b><u>Improvement Programme</u></b> SN has been working with a programme facilitator over the last 6 weeks looking at areas of wastage – streamlining processes, resource allocation, etc. as part of a quality improvement analysis.  Financial constraints and budget commitments mean there is no capacity to fund new staff or resources, therefore the focus is on achieving outcomes through more effective use of the Practice's existing workforce, systems and processes.  The aim is to reduce the administrative burden, enhance staff wellbeing and support continued delivery of timely, safe and effective care.  Big issues are the primary/secondary care interface – in particular the management of clinical letters received from hospitals.  There have been some small wins as the surgery is small enough to adapt.  The primary recommendation coming out of this work is to increase patient uptake of the NHS App facilitating a shift of routine tasks away from admin staff and improving patient accessibility – estimated that there is potential to release 17 hours per month mainly telephone time discussing repeat medication and blood test results!  There will be a programme of patient support held at the surgeries where patients can be shown the benefits associated with the App once they have become more familiar with its features and ease of use. NH offered personal support at these sessions as a "patient user" which may help in the task of overcoming resistance and fear of the App.</p>	

	<p><b><u>DNAs (Sept-Nov 2025)</u></b></p> <table border="1"> <thead> <tr> <th><u>Clinician</u></th><th><u>Appointments lost</u></th><th><u>Hours lost</u></th></tr> </thead> <tbody> <tr> <td><b>GPs</b></td><td>}</td><td><b>11h25m</b></td></tr> <tr> <td><b>Nurses</b></td><td>} <b>138 total</b></td><td><b>17h55m</b></td></tr> <tr> <td><b>HCA's</b></td><td>}</td><td><b>5h20m</b></td></tr> <tr> <td><b>Physio</b></td><td>}</td><td><b>1h0m</b></td></tr> <tr> <td><b>Totals:</b></td><td><b>138</b></td><td><b>35h40m</b></td></tr> </tbody> </table> <p>This showed an improvement on the last quarter (156 appointments) although the total lost time is virtually the same at just under 36 hours.</p> <p>SN responded to various questions regarding who the offenders are by saying there was no specific group. It is also a drain on Admin resources attempting to determine reasons why patients fail to attend and trying to offer ways to help improve the failure rate in future.</p>	<u>Clinician</u>	<u>Appointments lost</u>	<u>Hours lost</u>	<b>GPs</b>	}	<b>11h25m</b>	<b>Nurses</b>	} <b>138 total</b>	<b>17h55m</b>	<b>HCA's</b>	}	<b>5h20m</b>	<b>Physio</b>	}	<b>1h0m</b>	<b>Totals:</b>	<b>138</b>	<b>35h40m</b>	
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<b>5. NHS Reorganisation</b>	SN said there was no further news regarding the ICB merger plans. Agreed this item remains on the agenda until the merger is completed.																			
<b>6. Patient Feedback</b>	<p>GD observed that medication appeared to be taking longer to collect. SN responded that patients are advised to allow 3 "full" working days before attempting collection – i.e. order Monday, collect Friday; order Tuesday – collect Monday, etc. There is a notice at the Pharmacy collection point to this effect.</p> <p>It was also noted that the app advised collection "after 4 p.m." on the advised collection day. It was recognised that some items can be in short supply which can contribute to the perceived delay.</p> <p>MD asked how the surgery responded to patient safety. SN advised they reported significant events (both clinical and administrative) via the LFPSE (Learning from Patient Safety Events) form. This included potential patient confidentiality issues via data protection breaches.</p>																			
<b>7. Next Meeting</b>	<p><b><u>Tuesday 10<sup>th</sup> March 2026 at 2:00 p.m. in the Milton Abbas Reading Room.</u></b></p> <p>NH to book the venue and will chair the meeting as PS is not available.</p> <p><i>Times for future meetings will be as follows wherever possible: March – 2 p.m.; June 7 p.m.; September 7 p.m.; December 12 p.m.</i></p>	<b>NH</b>																		