

**Notes of the group meeting of the Milton Abbas and Milborne St. Andrew Patient Participation Group
'Patient Voice' held on Tuesday 10th March 2026 at 2:00pm in Milton Abbas Reading Room**

Present: Nigel Hodder (NH - Chair), Martin Davies (MD), Gina Dobbins (GD), Val Downes (VD), Adrienne McIntosh, Sarah Noble (SN), Lynn Taylor (LT), Colin White

Apologies: Dave Andrews, Val Andrews, Ann Fookes, Adrienne Lagrue, Susie Potter, Diana Sale, Pam Shults, Elizabeth Whatley

AGENDA ITEM	NOTES	ACTION														
1. Welcome and Apologies	<p>Nigel Hodder chaired the meeting in the absence of Pam Shults and welcomed all attendees.</p> <p>Apologies were received from those listed above.</p>															
2. Minutes of Last Meeting	<p>The minutes of the meeting held on 9th December 2025 were agreed and approved.</p>															
3. Matters Arising	<p>No matters arising.</p>															
4. Practice/PCN Report	<p>Staff Dr Emily Woodcock goes on maternity for one year from early May. Interviewing for a temporary replacement is under way.</p> <p><u>DNAs (Dec '25-Feb '26)</u></p> <table border="1" data-bbox="560 1173 1077 1400"> <thead> <tr> <th>Clinician</th> <th>Hours lost</th> </tr> </thead> <tbody> <tr> <td>GPs</td> <td>11h0m</td> </tr> <tr> <td>Nurses</td> <td>18h0m</td> </tr> <tr> <td>HcAs</td> <td>3h15m</td> </tr> <tr> <td>Physio/MSK</td> <td>2h40m</td> </tr> <tr> <td>Pharmacy</td> <td>35m</td> </tr> <tr> <td>Totals:</td> <td>35h30m</td> </tr> </tbody> </table> <p>These figures are almost identical to the previous reported period (Sept-Nov 2025) and are consistent with other Practices across the PCN. They equate to 44 GP appointments, 36 long term condition reviews, 19 blood tests and 8 physio appointments involving a total of 134 patients who DNA'd.</p> <p>Views expressed by the group on this issue included "it will not change until they are charged for missed appointments as dentists, etc. do" from Val Downes. There was general agreement on this.</p> <p><u>Spring Covid</u></p> <p>Practices across the PCN have never given bulk Covid injections (other than at flu clinic) before, relying on walk in centres, etc. There is a suggestion from NHS England that this should change. Following discussion, only 5 (including MA signed up to take it on this Spring. However, there would be some unacceptable liability when the 5 were advised they would have to take responsibility for all care homes across the area including those within the boundary of those who opted out. It is currently looking unlikely that the surgery will take this on.</p> <p><i>{Post meeting note: SN advised NH that the surgery will be going ahead with the Spring Covid vaccinations for those who are eligible. A solution to the risk element has been found. They will aim to hold a clinic on the 25th of April (Saturday) morning at MA, subject to vaccination supply - then follow up clinics in May. Dates to be confirmed once distribution has been confirmed.}</i></p>	Clinician	Hours lost	GPs	11h0m	Nurses	18h0m	HcAs	3h15m	Physio/MSK	2h40m	Pharmacy	35m	Totals:	35h30m	
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	<p><u>Dispensary</u></p> <p>The dispensary is grateful for all those patients who are just ordering what they require. They would also like to request that patients send queries to eConsult rather than ringing the dispensary and asking for a call back. Training can be provided to help patients use computer-based applications and members of PV have offered training support if required.</p> <p><u>Social Prescribing</u></p> <p>Patients can self-refer and just need to contact Kelly Best or Anna Ashley-Roche.</p> <p><u>New GP Contract</u></p> <p>GP Practices and the BMA have raised new concerns regarding a few areas including:</p> <ul style="list-style-type: none"> • Unrealistic requirement for same-day urgent access – this potentially creates “unlimited” demand without matching capacity • Contract is imposed rather than negotiated – this is different from previous practice • Funding increase is seen as insufficient – a further £485m considered to be insufficient given increases to minimum wage and inflationary fears • Workload and workforce pressures – inevitable increase in administrative burden due to high demand and insufficient staff • Risk to continuity and quality of care – less continuity with regular GP; shorter consultations; reduced focus on long term care • Possible barriers to specialist referrals – concern that hospitals may be reject referrals more easily resulting in GPs having to manage complex cases without specialist support 	
<p>5. NHS Reorganisation</p>	<p>SN said there was no further news regarding the ICB merger plans. Agreed this item remains on the agenda until the merger is completed. Voluntary redundancy commences from April with compulsory redundancies kicking in from June. This exercise will take a year to complete.</p>	
<p>6. Patient Feedback</p>	<p>SN advised that all AI activity is currently on hold. The PCN is recruiting a Manager/Clinician to conduct Data Risk Assessment in order to maintain patient confidentiality.</p> <p>Training responsibility is transferring from the “NHS Deanery” to the PCN. Trainee doctors will spend a year in hospitals and 2 years in various Practices. The Practice acts as “host” and is paid for it.</p> <p>MD advised that patient expectation was to see the same (assigned) GP. SN responded that this places more pressure at GP level with nearly 5,000 patients now registered at the Practice.</p> <p>LT booked for physio online and was sent to Weymouth Hospital. She asked how she could book in to see the surgery MSK. Advised to ring the surgery.</p>	
<p>7. Next Meeting</p>	<p>Tuesday 23rd June 2026 at 7:00 p.m. in the Milton Abbas Reading Room. NH to book the venue.</p> <p>GPs have requested that dates for the year are planned to give them a better opportunity to attend meetings. Consequently, the following dates have been agreed in addition to the one above – 8th September 2026 (19:00) & 8th December 2026 (12:00)</p>	<p>NH</p>