

Healthier TOGETHER

THE ORCHARD PARTNERSHIP



PPG MINUTES



The Orchard Partnership Patient Participation Group (PPG)

Summary Meeting Minutes

Date/time of meeting: 20.03.23 - 12.30pm (approx. 1h) **Venue:** Online (MS Teams)

Persons present: Carole Slater, Pete Blackman, Pauline Rose, Dr Ali Corke (Orchard Partnership), James Druce (Orchard Partnership)

Apologies: Nigel Westwood

Items discussed (summarised):

- James introduced himself and the role within the partnership, working to help the practice effectively develop communications. James briefly shared some ideas and projects that he plans to be working on over the coming months (such as website, social media, inclusive communications, digital comm's etc).
- Dr Corke shared the desire of the group to try and grow the PPG's membership, and the group echoed the challenge of getting a broad cross section of the patient community to be involved. All ideas are welcome, and it was suggested that different formats might help involve different people (such as surveys which working people might be able to fill in at a more convenient time).
- James suggested one way to share the voice of the patients would be to share the regular "Friends and Family Test" patient feedback. James will add this as a regular agenda item.
- Pete shared a very positive recent experience of how the Wilton surgery had been very accommodating of a wheelchair user and this had been very well received by the patient, who greatly appreciated the teams friendly approach.
- There was discussion around why referral letters for some of the surgeries seem to go to Wilton and then onto another site. Dr Corke explained the structure of the admin process and how different clinical services send communications in different ways, so having a central admin point was the most efficient overall.
- Dr Corke shared that new and evolving NHS contracts are moving in the direction of improving access for as many patients as possible. This might mean some historical ways



of accessing a GP might evolve, such as not having “drop-in” style operations, which has historically featured at some sites. This will come with benefits for the majority, as the NHS aims to make services available for more people, more of the time – however as a practice we will continue to monitor and listen to patients, and pass this feedback on to NHS decision makers at suitable opportunities. The practice will continue to be as responsive and flexible as it can be for patients, in line with contractual obligations and operational challenges.

- Pauline shared a helpful way that patients can non-verbally communicate their clinical enquiry/ailment at the reception desk by using “post-it” notes which has meant that more sensitive topics don’t need to be verbalised in front of other patients. Some patients have found this a less embarrassing way to communicate their enquiry when at the reception desk. The group thought this was a good idea and perhaps even a more formalised process could be used across other sites.
- Dr Corke shared there is generally likely to be more triage style questions as first contact with a patient, as part of the NHS move towards a more streamlined and accessible service for all. This will likely look and feel less personal for some patients who have been used to the traditional GP practice style of care. It was agreed the partnership will always try and keep services as friendly, accessible, and inclusive for all, particularly those with lower levels of comfort/access to IT and technology. James shared that the partnership is keen to improve administration efficiencies, and part of that is to ensure it is as accessible and inclusive as possible.
- Dr Corke shared how the partnership is keen to remain as friendly and personable as possible as NHS services evolve and is committed to maintaining high levels of care. This led to a discussion regarding keeping services accessible for older people and how including AgeUK team already connected with the practice might be a good point of contact to champion older peoples needs and help the practice ensure it remains accessible through development. Pauline suggested there could be an opportunity for more IT competent volunteers to help those less confident with IT and accessing GP services. Further thought to be given and opportunities explored as/when they become available. There could be similar services already running in local libraries, so something for all to be aware of and feedback to the group at next meeting.
- Pete mentioned the main phone line introduction message at Wilton seems quite long and depending on what option you choose, it isn’t always feel clear if you are still holding in the queue or stuck in a “loop”. James will feedback to the management team and see if it is possible to improve it (technological restrictions permitting). Explore if it is possible to have a feature that tells the caller what number they are in the queue.
- James asked about the structure of the PPG and any formal arrangements/terms of reference/structure. After a brief discussion, it was decided James will look into putting some outline documentation together as a frame of reference.
- Discussion around communication within the PPG and James said he was happy to be contacted and receive any communication from members. Pauline said she was happy to be a point of contact for patients at Fovant (phone/email on website), which is greatly appreciated, however it was suggested this might create some problems with confidentiality and data protection. It was suggested a central PPG email address could be setup, but that for now, each surgeries email address can be used for PPG related enquiries as these will be sent to admin/James in any case.



- Dr Corke shared general clinical staffing levels remain fairly stable across sites, with some changes in our admin and reception teams. Winter demand feels like it has passed, and demand is normalising as we enter Spring.
- James briefly shared some thoughts and plans for updating our websites and the increased use of the NHS app for easier and more widely available access that will help streamline processes for patients and internal administration.
- Pauline suggested that there might be teams of volunteers available to help with some seasonal administration tasks. It was discussed that this was very much appreciated and that the clinical/admin team can be made aware for its potential in future situations. Pete suggested perhaps there might be some situations where data could be anonymised, and a volunteer could then potentially help. It was agreed this could potentially be very useful and good to bear in mind. Dr Corke shared we would need to investigate data protection guidance on a case-by-case basis as NHS systems are quite complex, but this was a very welcome offer of help which was well received.
- All members attending were thanked for their time and input into today's meeting.
- Meetings will continue to be held quarterly. Date of next meeting therefore set for Monday 12th June 2023 at 12.30pm.

Actions:

1. Develop ideas for ways to include more of the patient community in the PPG, such as younger, working and families. (Ideas welcome from **all, James** to action)
2. Consider if it is suitable to have a way for patients to write down their enquiry when at a reception desk, so that they do not need to verbalise a sensitive matter (**James** to take the Head of Ops for further thought).
3. Connect with AgeUK team that are connected to Wilton surgery to start exploring ways to ensure the practices are as administratively accessible for older people (**James**).
4. Look into the hold phone message when calling the Wilton surgery and check other site messages in case they require updating (**James**).
5. Create a terms of reference/group structure/outline document notes for the PPG (James).
6. Add the NHS "Friends and Family Test" feedback to the regular agenda items.

Date of next meeting:

Mon 12th June 2023 at 12.30pm – MS Teams (online)

Online invite will be sent nearer the time.

