**PPG Meeting Summary – Friday 23rd February 2024**

1. Emma Simpson (Practice Manager) opened the meeting and introduced herself. Emma then introduced the rest of the Orchid House team (Dr Balachandran, Anabel Slater – PPG lead and Sarah Walbrin- PCN Frailty nurse). Emma reminded all in attendance that PPG meetings are not an opportunity to voice personal medical concerns.
2. We began by briefly summarising the points covered in our last meeting (PPG interim newsletter, staff updates, guest speaker talk by Gill Foote on PPG engagement opportunities, fundraising, patient transport scheme relaunch, an open discussion on the difficulties our receptionist can face with confidentiality and our complaints procedure)
3. We provided surgery updates which were as follows:

* We have a new treatment room nurse Victoria.
* A reminder from Dr Yau about the importance of calling early in the day with acute illnesses.
* We now have our first trainee GP, Dr Abraham. We discussed that he is a fully qualified doctor who has been working in hospitals, but he now wishes to work as a GP which is what he is now being trained to do. He is able to see any patient with any symptoms, so please welcome him and accept the opportunity to see him for appointments.
* **A PCN event is being held at the Allendale Centre in Wimborne on Saturday 16th March 9:30-12:30, this is a great event to check out which services are available to you in our area and free BP checks will be offered. We asked if any PPG members could attend the event and let us know how it went, as we will hopefully hold a similar event in Ferndown which our PPG may be able to get involved with.**

1. We introduced the group to the new pharmacy first scheme which was launched on 31st January. We explained that it is a new pharmacy service which means that pharmacists can carry out consultations for 7 clinical pathways:

* Uncomplicated UTI’s in females aged 16-64
* Shingles 18yrs + (infection that causes a rash) 1yr +
* Impetigo (skin infection) 1yr +
* Insect bites and stings 1yr +
* Acute sore throat 5yr+
* Acute sinusitis 12yr+ symptoms for more than 10 days
* Acute otitis media (infection of the middle ear) 1-17yrs

Pharmacists are able to carry out their consultations and prescribe antibiotics/medication that is appropriate. Patient will be able to walk in and self-present, but our reception team can also refer, as can 111 and 999. The aim of this scheme is to release more practice appointments for patients who need them most, to improve access for patients with minor illnesses and to increase patient awareness of community pharmacy as the ‘first port of call’ for minor illness and medicines advice. A really important role for PPG members is to be able to educate other patients/family/friends about the services available to them.

1. We then had a great talk given by our guest speaker Sarah Walbrin who is part of the aging well / frailty team. Sarah has kindly sent us a summary of her role which is as follows:

*Role of the ageing well nurse*:

*Within the ageing well team we are reaching out to the Wimborne and Ferndown patients to offer an enhanced care view and discussions for advanced care planning.*

*We are very much aware each patient’s journey is very different and over the last couple of years the way the surgeries have grown it is vital we are meeting the needs of all our patients. We have a much bigger team then ever before helping meet the needs of all our patients and aware how vital it is to support our frailer patients the best we can.   
We are making computer searches using the electronic frailty Index or if coded already as severely frail, populating a workflow from patients coded medical history or referrals from other team members with the surgery and inviting these groups of patients for a review.*

*We will assess and complete any outstanding care within my working ability and discuss advanced care planning. This all then gets populated on to a Dorset Care Plan, where a copy of this gets sent to the patient to keep in own home “just in Case” an emergency and can hand this care plan to the emergency practitioners and this hopefully will help our patients with the health concerns.*

1. Next on our agenda was to discuss volunteering opportunities within the PPG. We recapped from our last meeting that sadly we are needing to replace our boiler system which is shared between us, Penny’s Hill, and the district nurses. We explained that while the boiler is working for now, come next winter we may not be so fortunate. The estimates we have given are in the region of £60K because it is a very large system that needs replacing, along with the added complication of asbestos. We handed around a list of volunteering opportunities for the PPG, some that are fundraising related and some that are not. We had some members put their names forward which is excellent, but we are still needing more hands on deck**. As requested by our members in the meeting, we have attached to our summary email a copy of the volunteer opportunities. Please have a look over this and if you fee that any of the roles would be suitable for you, please email** [**orchid.house@nhs.net**](mailto:orchid.house@nhs.net) **(FAO Anabel Slater) before 15th March 2024. After this date we will contact all volunteers to make further arrangement and give more information.**
2. We then provided an update on our volunteer run transport scheme. We had discussed the relaunch of the patient transport scheme in our last meeting. Since then, we have put out social media notices, patient update posters and waiting room posters. We have had 3 volunteers put themselves forward to be drivers, and a volunteer to be a treasurer. We are aiming for x6 volunteer drivers and another treasurer to get this started, so please have a think if you would be able to help. We discussed that ultimately word of mouth is normally the best way to spread the word, so please mention this to patients you know. In the meantime, we have been using a company called dial-a-ride who are based in Wimborne and have a specially designed van for those with limited mobility.
3. We then ended the meeting with an open discussion amongst the group.

- One of our members emailed prior to the meeting to raise an issue that they have encountered where they receive missed calls from the surgery, but when they call back the reception team do not know who called or what the message is. We asked the group if this is an issue that anyone else has encountered, those present at the meeting were in agreement that this is not an issue that they have encountered. We think that perhaps this is an isolated problem, so we will monitor the situation and see if this becomes a common issue.

- Another point raised was that we share information for patients via our social media and waiting room posters, but perhaps a demographic is being missed, those who don’t use social media but are well enough that they rarely come into the surgery. Other members of the group also discussed the benefit of using emails to spread important surgery notices or updates. One of our new members of the PPG shared the benefits of using a site like MailChimp to send out emails and track their success. We agreed that we would look further into this to see if this would be viable for us to do.

1. Thank you to everyone who was able to attend the latest meeting, your ideas and constructive feedback is invaluable, and we are very grateful for your input. As always if there are any afterthoughts post the meeting you are welcome to email [orchid.house@nhs.net](mailto:orchid.house@nhs.net)