

TADLEY MEDICAL PARTNERSHIP PATIENT PARTICIPATION GROUP
Minutes of a meeting held on Wednesday 14th October 2026 in the Conference Room of TMP

Present: Claire Chambers (Chair), Alan Chambers, Keith Chapman, Mary Cawley, Lynda Mead, David Sarsfield, Val Turnbull, Shirly Vassie, Betty Winmill, Graham Wright, Kate Wright
Vajira Mendis (TMP), Elizabeth Chapman (TMP)(part)

Apologies: Priyanka Patel, Karen Simmons

Item	Description	Action
Minutes	The minutes of meeting of 5 th August 2026 were agreed to be a true and accurate record.	
Matters arising	<ul style="list-style-type: none"> • Open meeting <ul style="list-style-type: none"> ○ due to lower attendance at the meeting the practice proposed that the next meeting be held in the practice waiting room. ○ Practice would also like to see a more diverse range of age groups attending. ○ Cannot start before 6.30pm due to practice opening hours, target date week of 21st June ○ Need a sound system and also means of projecting Power Point for statistics presentation. ○ Maximum attendance 50 people • Website – can see the number of people who view the website but cannot determine which pages have been viewed so not possible to determine how many people view the PPG page. • 15 Steps programme <ul style="list-style-type: none"> ○ Only 6 responses received so far, 5 for Holmwood and 1 for Morland. Separate document collating the responses sent prior to meeting and attached to these minutes as an appendix. ○ Key issue was for Holmwood with the lack of privacy in the reception area and the reception screening being so dominant in the room. ○ Reception privacy issue – patients can request to speak to a receptionist with the receptionist coming to the main area, or a private room is also available. Patients can also request a form which they can complete and hand to the receptionist which has the necessary details on it. ○ Practice are looking at changing the screens in front of reception to get a better balance between privacy/safety for reception and having the screens less dominant in the area. ○ Receptionists need to know the reason for an appointment request so the clinicians can triage, if an appointment request is put forward with no information as to why is has been requested it is given low priority in triage. ○ Practice will put a notice in reception showing the options for patients requiring better privacy in talking with receptionists. 	<div>CC</div> <div>VM</div>

	<ul style="list-style-type: none"> • Long term conditions & co morbidity <ul style="list-style-type: none"> ○ Some medications not taken regularly so cannot autopopulate. Even for regular medications, clinicians prefer to see that the patient is aware of the medication they are prescribed. ○ May be some options to look at a compromise solution, VM to check and report back ○ NHS app sends auto message reminders which can become quite aggressive ○ Some patients with LTC's could have several reviews, would be better if all reviews could be combined, including the annual medical review. Practice is aiming to have all reviews done in patient birth month so they can be combined, work is in progress for this. • Support for patients with hearing issues: <ul style="list-style-type: none"> ○ Holmwood hearing loop has been reactivated ○ Hearing loop has been ordered for Morland, installing 21/22 October ○ Consider option for sign language to be included on the Holmwood waiting room screen ○ When patients advise a clinician they have a hearing issue, could this be included on their notes so receptionists and other staff can see immediately that the patient has an issue ○ Several PPG committee members have experience in working with people with hearing issues and would be willing to help the practice become more supportive to those with hearing issues. 	<p>VM</p> <p>VM</p> <p>VM</p>
NH PPG & ICB matters	<ul style="list-style-type: none"> • Attendance at the other PPG groups agreed as: <ul style="list-style-type: none"> ○ NH PPG – MC is primary attendee, CC & GW as backup ○ HloW ICB – CC & GW ○ Basingstoke PPG – CC & GW • Basingstoke PPG have asked for a presentation from our PPG on the annual open meeting and how it is arranged. CC & GW to do presentation on January 7th, would be very helpful if either a practice staff member could also attend or could provide information on the practice views of the meeting. VM to discuss with partners. 	<p>VM</p>
Tadley Wellbeing Forum/Compassionate Tadley	<ul style="list-style-type: none"> • Focus on Healthy & Happy Tadley. Now data gathering on what health and happiness means to residents and looking at overall wellness. • Baughurst Repair Café – no real opportunity for the PPG to be involved in this initiative. 	
Committee matters	<ul style="list-style-type: none"> • The screen messages in the waiting room at Holmwood do not appear on the screen in the Morland surgery. VM advised that the screen in Morland will not support the messaging system and there are no current plans to upgrade the unit. • Citizens Advice annual lunch – GW attending on behalf of the PPG • Urgent Treatment Centres <ul style="list-style-type: none"> ○ There is a lack of understanding of UTC's, how they operate and what they are intended for 	<p>GW</p>

	<ul style="list-style-type: none"> ○ Basingstoke centre appears to be having issues ○ Average wait time about 4 hours ○ Can generally self refer to UTC,s but where possible having a referral from a GP or from NHS 111 is recommended 	
Forward planning	<ul style="list-style-type: none"> • Bramley practice is at full capacity and cannot accept any further patients • Planning for additional housing within the TMP catchment area is proceeding and likely to be several hundred additional houses built in the short term future • Should B&D Council be approached to include health planning in the Local Plan which is currently in preparation, KC has good connections to the B&D council and is willing to take this forward to the practice would see it as useful • Key issue for moment for the practice is NHS funding and the extra work which is being transferred from secondary care to primary care • Practice is not yet at capacity and can take on additional patients • Still an issue where patients insist on seeing a doctor when often seeing an alternative clinician would provide a faster and more effective treatment path 	VM
Health & Wellbeing Day	<ul style="list-style-type: none"> • Proposal from KW for Health & Wellbeing Day, document attached to these minutes. <ul style="list-style-type: none"> ○ Practice are stretched to the limit and could not take on the further work required to support the proposal and could not get clinicians to make time available ○ Multiple different organisations required to enable such a program and may take up to a year to plan and organise ○ KW prepared to work with other organisations to bring the event to fruition 	KW
Patient queries	<ul style="list-style-type: none"> • Message from patient concerning privacy issues at reception in Holmwood. This has been addressed in the discussion above on the 15 Steps. • Flu (and in some cases Covid) vaccinations can be available more quickly through pharmacies than from the practice. Practice has been able to arrange for a further vaccination clinic on 31st October and patients who have been given later appointments are being invited to the earlier clinic. 	
Next meeting	<p>16th December 2026 at 17.00pm at Holmwood meeting room</p> <p>24th March 2027 at 17.00pm at Holmwood meeting room.</p> <p>Open meeting target 21st June</p>	

ARRS – Additional Roles Reimbursement Scheme

CCG – Clinical Commissioning Group

CEG – Community Engagement Group

CVD – cardio vascular disease

Dol – declaration of interest

FTE – full time equivalent

HHC – Holmwood Health Centre

HIOW – Hampshire and Isle of Wight

ICB – Integrated Care Board (ours is NHS Hampshire and Isle of Wight)

ICS – Integrated Care System

<https://www.england.nhs.uk/integratedcare/integrated-care-in-your-area/>

INTs – Integrated Neighbourhood Teams

LIS/LES – Local Incentive Scheme / Local Enhanced Service

LTC – long term condition

NHPPG – North Hampshire PPG committees' group

NHS – National Health Service

PIG – Patient Information Group

PCN – Primary Care Network

PPG – Patient Participation Group

SLF - Support Level Framework

TMP – Tadley Medical Partnership

ToR – Terms of Reference

UTC – Urgent Treatment Centre

WHO – World Health Organisation

COMMUNICATING EFFECTIVELY WITH PEOPLE WHO ARE DEAF OR HAVE ANY DEGREE OF HEARING LOSS

As staff, you will encounter patients and colleagues who are deaf or hard of hearing every day. **But are you deaf-aware?**

It is now estimated as many as [one in three adults in the UK](#) are affected to some degree by hearing loss. More than half of the UK population **over 55** are experiencing hearing loss, coupled with an ageing population, and at least 50,000 children in the UK who are deaf, there is a clear and urgent need for better awareness and an increase in inclusive practices.

So how can you be more deaf-aware?

How to support your deaf patients

Building deaf awareness into your daily duties can help you and your patients communicate more confidently.

1. Identify patients who may have hearing loss

Many people who have hearing loss have not necessarily been diagnosed and won't be wearing hearing aids. So even those with mild hearing loss can struggle in loud environments like a busy waiting room or reception desk.

Look out for any patient who looks bewildered or signs of indecision, such as:

- someone turning their ear towards the sound of your voice
- focusing on reading your lips as you speak
- asking you to repeat what you have said
- responding inappropriately to a question
- appearing confused by what you have said.

Simply ask the question “How can I help?” “Can I make it more accessible for you?” Determine whether they use hearing aids, cochlear implants, lip reading, sign language, or written communication.

2. Setting the Environment

Only 30 to 40% of sounds can be seen on the lips, so you can help by:

- **Attention:** make sure you have the person’s attention before you start talking, and face people directly
- **Reduce noise:** Turn off loud appliances, TVs, or radios, and move away from or crowded areas.
- **Check lighting:** Ensure your face is well-lit and not shadowed or positioned directly in front of a bright window or light source.
- **Maintain distance:** Stand about 1 to 2 meters (3 to 6 feet) away so the person can clearly see your expressions and body language. This is important for hearing aid users, lipreaders and people who use BSL (British Sign Language).

3. Speaking and Interacting

- **Face the person:** Keep direct eye contact and do not turn your head or walk away while speaking.
- **Set the scene:** remember to “set the scene” by making it clear straight away what it is you want to talk about.
- **Keep your face clear:** Keep hands, food, or objects away from your mouth while talking. Many deaf people rely on lipreading to help them understand.
- **Speak clearly and audibly:** not too loud or too slowly. Normal conversational speed has a rhythm that lip readers find easier to translate.
- **Take turns:** In a group setting ensure only one person speaks at a time so the listener can track the conversation.

4. Alternative Support

- **Rephrase if needed:** If the person does not understand you, try saying the same thing using different, simpler words.
- **Write it down:** Use a pen and paper, a whiteboard, or a notes app on your phone to spell out names, numbers, or complicated detail. Provide written instructions for medication, follow-up appointments, care plans.
- **Ask for preferences:** Always ask how the individual prefers to communicate, as needs vary widely from lipreading and text to sign language interpreters.

Finally, one of the most important points to remember is to keep trying, even if the person with deafness or hearing loss does not understand what you are saying the first few times.

Understanding basic BSL

BSL is the signed language of the UK’s Deaf community.

BSL involves a combination of:

- hand shapes and movements
- lip patterns
- facial expressions
- shoulder movements

It has its own grammar and is structured in a completely different way from English.

- The BSL ALPHABET is simple to learn and is made up of hand shapes. It is an easy way to make communications with deaf patients accessible.

BSL is not to be confused with **Makaton**, which is a communication aid for hearing people with learning disabilities or communication difficulties, which uses sign, speech, and symbols.

Ask your deaf patients about their communication preferences

This is not just good practice; it is law. The [accessible information standard \(AIS\)](#) requires all providers of NHS care or other publicly funded adult social care to ensure people with disabilities or sensory loss receive information and communication support in a way they can understand.

This standard does not just refer to how someone is contacted. It is supposed to be embedded in all elements of care,

It includes identifying, then recording people's needs so all staff can ensure those needs are met; flagging this information on records; sharing it as part of routine treatment, ongoing care, referral, and reviewing this regularly.

It is important to recognise that many people who are deaf are incredibly proud of their deafness –it is a key part of their identity. Not everyone will feel that way, but, for many, hearing loss is not viewed as a problem. Approach deafness in a neutral way, not from a medical perspective.

GUIDANCE FOR GP Partners and other GPs

It is crucial that you make your surgery accessible, so that people who are deaf or have hearing loss can contact your services, communicate well during appointments – and fully understand the information you give them.

People with hearing loss often face costly and unnecessary barriers to communication when they visit the GP or other NHS services. Research shows that more than a quarter of people with hearing loss come away from their GP unclear about their diagnosis – while nearly a fifth are unsure about their medication.

It is important that you do not make assumptions that people can hear well whether face to face or on the phone. Remember also that non-verbal communication is even more important when there is any degree of hearing loss so smiling and good eye contact is essential as is ensuring that you project warmth into what you say and do.

It is crucial that you do all you can to help change this, by meeting the requirements of the [Equality Act 2010](#) and the national guidelines and quality standards aiming to improve accessibility. Here are some practical steps you can take:

Provide a range of contact methods

People with hearing loss may find it difficult or impossible to use the telephone to book an appointment, order repeat prescriptions or receive test results. They may benefit from other contact methods, such as:

- email
- online booking
- SMS text
- textphone

- [Relay UK](#) (which has replaced Text Relay) – typed messages are relayed to the other caller via an operator
- video relay – conversation is relayed through a British Sign Language (BSL) interpreter using video

You should provide appropriate training for receptionists and other staff members on the different ways people with hearing loss may wish to make contact and be contacted.

Make sure waiting areas and reception desks are accessible

When a patient arrives, make it crystal clear where and how they should check in and when it is their turn to be seen. Receptionists and care staff should demonstrate good deaf awareness, and at least one staff member should be responsible for championing the needs of people with hearing loss. [Read about our support for businesses and organisations.](#)

People with hearing loss may also benefit from visual display systems and flashing or vibrating pagers that let them know when it is their turn to be seen. Working [hearing loops](#) should be in place for people who use hearing aids. If a patient requires [communication support](#), this should be available when they arrive.

Busy reception areas can be particularly challenging for people with only mild to moderate hearing loss, even more so for those with severe hearing loss. Hearing aids can accentuate background noise or the person might have their ear with better hearing angled away from the person speaking. There is a desk separating the receptionist from the patient and this can act as a barrier to hearing. If someone is looking confused then offering a quieter place to talk might be helpful if this was possible.

Provide communication support during appointments

Ask patients if they need help to communicate well and/or understand information. Once recorded, make sure these communication and information needs are highly visible or linked to an electronic alert on the records, to prompt staff members to take the appropriate action when that patient books an appointment.

For example, patients with hearing loss should be able to book a longer appointment to make sure there's time for effective communication. Remember, people with hearing loss benefit from different types of [communication support](#).

Accessibility tips

- Foster good deaf awareness: staff should keep in mind simple [communication tips](#) such as speaking clearly, facing the person while speaking to them, and not obscuring their lip movements.
- Provide hearing loop systems that help people who use hearing aids on the hearing loop setting (formerly known as the 'T' setting) hear sounds more clearly over background noise. [Read more about hearing loops.](#)
- Provide registered communication professionals who help people with hearing loss communicate and/or understand spoken English. Put procedures in places so that communication professionals can be booked in advance – you cannot always secure them at short notice. Family and friends must not be used to interpret, unless the patient explicitly asks for them.

- Publish an accessible communication and information policy, in accessible formats, to let your patients know about the support available.
- Enable patients to give feedback about your services in an accessible way.

Contact by phone

Sometimes people answer calls from the practice which they were not expecting. Calls from the Practice are not necessarily identifiable. Even people without severe hearing loss can struggle to grasp who is calling and some of the details of the call

- Ask if the patient if they are free to talk and say who is calling.
- Repeat if necessary. (They might be in a noisy environment, or not in the best place to talk).
- Giving people the choice of a follow up call to answer any questions which did not immediately come to mind, could be helpful/or to sum up relevant details by email, text, phone call or face to face appointment. (AI transcripts might be helpful to save time and might help understanding about health issues.)

Equipment and technology

To communicate with or assist individuals who are deaf or hard of hearing, various devices are used depending on whether they rely on sign language, residual hearing, or text. Common options include video relay service (VRS) videophones, speech-to-text transcription apps on smartphones/tablets, assistive listening systems like FM and loop systems, and text-based telecommunication relay services.

Relay UK

[Relay UK](#) is a free service to help deaf people and those who have hearing loss or have a speech impairment to communicate over the phone.

It has replaced the NGT (Next Generation Text) and the old Text Relay service. It uses a live relay assistant to help you communicate.

What Relay UK is

If you are deaf, have hearing loss or have a speech impairment, [Relay UK](#) can connect you to a relay assistant to make a phone call. The relay assistant can:

- type what the caller is saying so you can read their responses if you cannot hear
- read your written responses to the caller if you cannot speak

It is free to use the Relay UK service. You will only pay your normal charges for any calls you make. Check with your phone provider for more details.

Because Relay UK is a regulated service, it is possible to use it for arranging GP and hospital appointments over the phone.

Speech-to-text smartphone apps for deaf people and those with hearing loss and tinnitus

Speech-to-text (STT) apps work by converting spoken conversation into written text in real time and displaying that text on your phone for you to read.

Many phones have built-in STT apps, and there are also a wide range of them available to download to your phone or device. We look at what they are most useful for and include where to find instructions on how to use them, and where to download them.

STT apps are designed for everyday personal use. For work, or other formal settings, it is best to use regulated communication support.

APPS recommended and regulated such as:

- [Speech-to-text reporters](#) for transcribing in-person or online meetings. and appointments (useful for employers and businesses).
- [The Relay UK app](#) for transcribing phone calls via a live relay assistant.
- Zoom has a speech to text function built in.
- Teams has a speech to text function.

SIGN LANGUAGE INTERPRETERS:

There are 2 types of sign language interpreter:

1. Registered sign language interpreter (RSLI)
2. Trainee sign language interpreter (TSLI)

By using either an RSLI or an TSLI, you can be confident they:

- have met the required standards in training and competence according to their level
- follow the NRCPD or SASLI Code of Conduct
- are subject to a formal complaint process
- have an enhanced disclosure certificate
- are covered by professional indemnity insurance

TSLIs may have limited skills and experience and should not be used in certain situations, such as when someone has a mental health problem and needs an interpreter.

📌 **Hampshire Providers:** Local NHS services commission dedicated interpreters via regional frameworks (such as [NHS England](#) or [UK Language Solutions](#) for nearby Basingstoke coverage). [1, 2]

📌 **Specialist Support:** Organizations like [BSL Healthcare](#) provide specific on-demand or emergency/out-of-hours sign language setups for clinical environments. [1]

<https://uklanguagesolutions.co.uk/bsl/bslinterpretersbasingstoke.php>

Research:

Manchester.ac.uk

RNID

NCDS

NHS

Hearing Aid Organisation

TADLEY MEDICAL PARTERSHIP **HEALTH and WELLBEING EVENT**

I propose that TMP PPG consider holding a Health and Wellbeing day to encourage all people, whatever their age, take responsibility for their own health and not having to rely on the NHS &/or Social Care for their daily living.

In order to provide a successful health and wellbeing event, we need to:

- define our core goals,
- secure a calm and accessible venue,
- line up qualified local practitioners or speakers,
- and plan a balanced schedule of interactive activities like yoga or mindfulness.
- It would need to be promoted through local channels and provide clear attendee instructions.

The **7 pillars of wellbeing** most commonly refer to the holistic dimensions of health and self-care: **physical, emotional, social, intellectual, spiritual, vocational/financial, and environmental**. These interconnected areas provide a comprehensive framework for achieving a balanced, healthy, and fulfilling life.

Core Dimensions of Wellbeing

- **Physical:** Caring for your body through proper nutrition, regular movement, adequate rest, and avoiding harmful substances.
- **Emotional:** Understanding, processing, and regulating your feelings while building resilience against stress.
- **Social:** Nurturing supportive relationships, effective communication, and a healthy sense of belonging with others.
- **Intellectual:** Keeping your mind sharp through curiosity, active learning, and creative problem-solving.
- **Spiritual:** Finding a deeper sense of purpose, core values, inner peace, and connection to something larger than yourself.
- **Financial/Vocational:** Managing your financial resources responsibly and finding meaning or stability in your work or daily pursuits.
- **Environmental:** Creating safe, clean, and organized living and working spaces that positively impact your peace of mind.

Physical Wellness

- **Walking or running:** Moving your body daily.
- **Yoga or stretching:** Easing muscle tension and stress.
- **Mindful eating:** Paying attention to nutritious food and hydration.
- **Sleep routines:** Keeping a steady time to rest and wake up.

Mental and Emotional Wellness

- **Meditation:** Sitting quietly to focus on your breath.
- **Journaling:** Writing down your thoughts or things you feel thankful for.
- **Digital detox:** Turning off phones and screens for a break.
- **Creative hobbies:** Drawing, painting, or crafting just for fun.

Social Wellness

- **Group walks:** Chatting with a friend or coworker while moving.
- **Community volunteering:** Helping out a local group or cause.
- **Family time:** Enjoying a meal or game night with loved ones.

Planning Steps

- **Set Goals:** Choose a clear theme like mental health, physical fitness, or holistic healing.

- **Choose a Venue:** Pick a quiet, comfortable space with enough room for movement and breakout sessions, such as the local Practice (Holmwood), local village hall or community centre.
- **Book Speakers:** Hire certified local instructors or therapists to lead workshops or talks. Hopefully, we could procure their time on a voluntary basis and , in return, advertise and market their business
- **Build a Schedule:** Mix active movement sessions like Pilates, mindfulness, meditation or yoga, baby massage, strong and steady etc with quiet times for rest and reflection.
- **Organise Logistics:** Plan for healthy food options, water stations, and seating or mats.

Marketing and Promotion

- **Local Outreach:** Share details on community boards and local groups.
- **Ticketing:** Use an online ticketing platform to track numbers and dietary needs.

Clear Guides: Tell attendees what to wear and what items to bring.

Target Audience: Different times of the day should attract different age groups as well as mixed e.g
Some activities could be targeted for families, seniors, teenagers etc