

**NHS Salford CCG – Broughton Neighbourhood  
Patient Participation Group**

**Venue:** Newbury Place Health Centre

**Date and Time:** 16 January 2020 at 18.30

**Present:** David Flinn (Chairman), Practice Manager, Newbury Green Medical Practice, Debbie Regan, Practice Manager, Lower Broughton Health Centre, Ann Dearden, PPG Co-ordinator, Lower Broughton Health Centre, Rebecca Donoghue, Practice Manager, Blackfriars Medical Practice, Dr Carlie Gardner, GP, Newbury Green Medical Practice, Dr Mahmoud Megahed, Clinical Director, Broughton Health Alliance (PCN), Dr Jackie Lewis, Salford Healthy Communities, Natalie Taylor, Community Connector, David Dobson, Service Improvement Manager, NHS Salford CCG, 9 Patients from Lower Broughton Health Centre (referred to as LB1, LB2, etc.), 9 Patients from Newbury Green Medical Practice (referred to as NG1, NG2, etc.), 2 Patients from Dr Davis's Practice (referred to as DD1, DD2, etc.), 3 Patients from Willowtree Healthy Living (referred to as WT1, WT2, etc.).

**Minutes**

**1. Welcome**

David Flinn welcomed everyone. This is the first Meeting of this kind.

**2. Ground Rules**

There is to be a General discussion, not relating to individual needs.

One person at a time should speak.

**3. Apologies**

Dr S. Joseph, and Patients DG and RB (Newbury Green),

Rabbi Tuvia Gild, Practice Manager, Dr Davis's Medical Practice.

**4. Why a Neighbourhood PPG?**

David Flinn introduced the subject.

A. DF: Practices need to work together to become more efficient and to be able to determine and provide those services that are better for the community as a whole. Some have already tried Backroom amalgamation.

B. DF: Practices will still be separate. The aim is to identify gaps in services.

LB3: There are not enough GPs

LB4: A local Walk-in Centre would be useful.

C. DF: Patients need to be educated about which service to use. There are other practitioners available within the Practice.

LB2: How can you be referred to these?

DF: Staff on the phone find out from you what you need.

LB1: But we book appointments online.

D. DF: Review how to access services e.g. online access, repeat prescriptions, consultations.

LB1: Could you advertise other practitioners online?

DF: Practice Clinical Systems are under constant review to improve functionality, but at the moment are not sophisticated enough to distinguish different clinic types.

LB3: At The Energise, there are lots of Leaflets, etc.

E. DF: The purpose of this PPG meeting is to merge ideas.

XX: What about having a Wound Clinic?

DF: All ideas generated by the group will be discussed by the Practices and the CCG.

**5. Guests/Services**

**A. Social Prescribing – Community Connections - Natalie Taylor**

Natalie T: The aim of Social Prescribing is to connect people to the Services that are available. This is for people with social problems, debt, etc. An appointment is arranged near to the person, to find out what is important to them, then match them to what is available.

NG1: You cannot self-refer.

WT1: We organise walks, called Best Foot Forward.

XY: But people don't know what is going on.

NG1: The Energise used to distribute timetables.

XY: Or they could put the information on their website.

Ann D: What about feedback?

Natalie: We can give feedback that we are seeing a person.

## **B. Salford Healthy Communities – Dr Jackie Lewis**

Dr Jackie L: This is based at Newbury Place to cover 3 Practices, including a Jewish one as Orthodox Jews have many health needs. Currently Dr Jackie and a group of volunteers are available on alternate Tuesday mornings. They run a manned desk with information leaflets to give out. In addition, the volunteers talk to people who are waiting to see their GP. They emphasise the importance of breast and bowel screening, and the little-known fact that these can continue past the advertised top age.

Anyone can volunteer and will be given training. Cancer Champions are needed at each Practice.

DF: There are good programmes happening, but people are unaware of them. We need better communication. What are the barriers?

LB3: Is it a generational problem?

LB1: If you don't know about things, you can't ask about them. The website could be used.

DF: Creative use of the Text reminder system could be made. There are 50,000 patients in Broughton.

XZ: Communication is a problem as there is no local newspaper. Should use many ways.

Debbie R: There could be a newsletter.

David X: Or a Booklet for each Practice. Would 50,000 copies be feasible?

David D, CCG: A Booklet would quickly become out of date. The CCG has an Engagement Team, who deal with communications.

LB4: Often people don't read leaflets. The key time is when they are seeing their GP.

YZ: If contacting 50,000 people, must be aware of GDPR law. All plans cost money. However, the GP writes to us each year, and maybe a leaflet could be enclosed.

David D, CCG: Will check up about the GDPR law.

LB1: Perhaps a 1-page Newsletter could be sent just to those with no email.

ZY: Information could be put in the local Pharmacy.

DF: People don't want information overload.

YX: Maybe put a message at the bottom of a prescription.

LB2: What is the uptake on the Flu Jab mailing?

DF: It's hard to know as letters are sent out to specific patient groups.

Dr Jackie L: Could produce a fold-out leaflet for Newbury Place.

Debbie R, LB: What about other languages?

DF: There are more than 60 languages spoken in Broughton.

## **6. Going Forward.**

### **A. Frequency.**

DF: This meeting is a Pilot, and not intended to replace local PPGs. We could meet 1 or 2 times a year.

LB3: Could the Minutes of all the PPGs be sent to the CCG?

DF: Practice Managers will discuss this.

### **B. Officers.**

DF: These do not have to be Practice Staff. As today with AA taking Minutes.

The Chairperson would set the Agenda.

LB4: Spring and Autumn meetings would be better, e.g. April and September.

### **C. Location.** This will be discussed with other Practice Managers to determine what is best for patients.

## **7. A.O.B.**

### **1. LB1: Will there be any feedback?**

DF: Will send the Minutes out soon.

### **2. David D, CCG: Not all Practices are represented here. Missing are Mocha, Limefield, Care Homes Medical Practice.**

### **3. ZZ: The MyGP App doesn't do what was promised.**

DF: Will look into it.

### **4. DF: Thanks to Linda for providing the welcoming refreshments.**