

Broughton Healthcare Alliance Patient Participation Group Meeting Tuesday 14th March 2023

Attendees	
Name	GP Practice or Organisation
Kingsley Dike	B.H.A. Primary Care Network
Dr B Farooq	B.H.A. Primary Care Network
Ann Dearden	Lower Broughton Health Centre
KS	Lower Broughton Health Centre
PH	Lower Broughton Health Centre
NB	Newbury Green Medical Practice
ME	Newbury Green Medical Practice
DG	Newbury Green Medical Practice
RB	Newbury Green Medical Practice
ND	Newbury Green Medical Practice
JW	Newbury Green Medical Practice
LE	Newbury Green Medical Practice
David Flinn (Chair)	Newbury Green Medical Practice
Rachel Dilworth	Newbury Green Medical Practice
Dr Alison St Rose	Newbury Green Medical Practice
Nicola Spiby-Roberts	Social Prescribing Operations Manager
Safieh Eskandari	Public Health (Inequalities Improvement)
Robert Hincks	Community Health Development (City Council)
Foyzul Sani	Salford City Council
Olivia Hustie	Salford City Council

Apologies	
Name	GP Practice or Organisation
Debbie Regan	Lower Broughton Health Centre
A & D A	Lower Broughton Health Centre
PF	Lower Broughton Health Centre
JR	Lower Broughton Health Centre
JF	Lower Broughton Health Centre
Rebecca Donohoe	Blackfriars Medical Practice

Introduction	
DF	<p>Would like to thank everyone for attending both from practices & guests, who will take a few minutes to give overview of their service & opportunity for you to give feedback as pts & practices.</p> <p>Housekeeping - if driving please enter care registration into tablet - don't want any PCN's!</p> <p>Special thanks to Linda for refreshments.</p> <p>We can't & won't answer individual issues re: individual healthcare, here to talk about general issue in PCN area - please address any personal issues to your normal practice.</p> <p>If you want to answer questions or respond, please give initials for minutes.</p> <p>Last meeting was in July of last year - minutes are provided.</p> <p>If you did attend & had any questions or noticed any errors let myself or Rachel know & we can amend.</p>

Guest A**Nicola Spiby-Roberts - Wellbeing Matters**

Social prescribing connecting out into the community (to provide summary). Role is to support pt's 121 in community. Really flexible can contact pt's in eve or by telephone if that's better - no one size fits all, can connect pt's to community groups in line with interests. If people are isolated can provide with local support. Can support re: low level MH, stress, anxiety & depression. Community supports individual throughout journey. Work in partnership with other agencies across city. Can provide interpreters & BSL. Support will be tailored to individual. Last week was national Social Prescribing Day.

PH	Sounds brilliant, now we know - is it being communicated to general public?
NS	Yes been around Salford for 5yrs, been out in practices but realised need to promote more locally & raise awareness.
PH	What about leaflets?
NS	Have some with me today to put out in practices.
PH	I was one of 1 st wellbeing champions/volunteers - your service sounds really good so needs to get out there.
JW	How would anybody access?
NS	Can be referred through GP - might look at self-referrals further down the line. Work throughout Salford not just Broughton.
PH	Leaflets are good for people without online access.
NS	Started with x5 now have x22 connectors.
LE	Energise Centre is great but is there anything more local to here?
NS	Yes we have many local activities, in terms of neighbourhood important we connect locally.
AD	We refer a lot to service as really good - my frustration is that social services can't ref in. When you said it's 6-8 weeks can we refer back after that if they come back?
NS	Yes but not for same reason - has to be new situation. Adult care & contact team can refer in in Salford. Trying to find a balance with capacity as if social services referred capacity would increase.
ND	If pt's cant self-refer does your organisation spend a lot of time PR'ing GP?
NS	Yes, my role is to go to practices & promote service. Offer regular refresher sessions with practices.
ND	When you say GP's does that include all HC healthcare professionals in practice?
NS	Yes.
PH	You said 6-8 sessions, what if issue isn't resolved.
NS	Depends on situation but our role is to connect to other services, so would hope it would be done in that time, can be flexible & add further support if required.
RB	Do you monitor who makes referrals to you?
NS	Yes absolutely & we look for particular themes. We take data & encourage practices who don't ref as much to increase with support.

Guest B**Safiah Eskandari - Public Health (Inequalities Improvement)**

Public health - to reduce inequalities specific to accessing health services. Pt's might not know about service or have barriers to accessing services. Need to get to know & engage with communities. PH has focus on few important things, increasing childhood immunisation uptake, to increase physical activity & help with cost of living crisis. I would like to talk more about community - really important to engage with them, many different backgrounds, some people have info but not always enough. Language barriers make engaging difficult, people from different countries don't understand how NHS works, don't trust or have bias. Asylum seekers are largest group to not engage - really important to work with these communities. We provided translation. We work closely with SERCO, which is a company that provides accommodation for asylum seekers, there are about 750 asylum seekers living in 25 or 26 properties, we try to engage with them for communication/collaboration. We are also working with different churches as some community focus a lot of activity at their churches.

PH	Was something I suggested a while back for LBHC when we were working out new premises - I thought would be good to have a dedicated multicultural centre with different activities.
SE	Salford City College are interested to find out what is the most important health topic to add to their curriculum. Your suggestion was great.
FS	This part of city is very diverse - we need to ensure all residents have had vaccines, 95% is what we need as a herd community - need to reach out to all niche little parts of the community, whether accessing services of vaccines to help things be safer.
PH	I don't think it helps if communities are close knit and don't mingle.
FS	Sometimes communities are very frightened & is a barrier.
SE	We have many contact details, we share information to keep people updated regarding their community.
PH	Do you work with any other groups i.e. visually impaired I think are underrepresented?
FS	Yes we are working with a local group.
KD	Thanks for the great work you do, Broughton is known to have worst uptake in vaccinations/smears etc. priority in financial year is to work with asylum seekers/refugees & Jewish population to reach out & engage with them to access services & help improve inequalities - very important to PCN.
ASR	Do you liaise with primary care directly?
FS	Yes we work with PCN.
ASR	So we can ask you about services but you don't take referrals as such?
FS	Safiah identifies gaps of who isn't accessing service. We want to identify what it is to do to help them engage.
LE	How do you identify groups?
SE	We work with communities & share knowledge. We engage with community at different events, sometimes it is very difficult.
PH	Would it help to promote the good things from different cultures and not as much the bad things & explain the benefits?
FS	Yes, makes sense about taking positive approach, trying to get a big message out is very difficult, that is why we target communities.
SE	We meet with community leaders so they can feedback experiences from going to GP etc. to identify how it is different within their culture.

AD	Can we not try & do something in high schools to educate re: smears etc?
PH	If they don't already they should!
DF	I attend the Salford community committee meeting but other than covid has been very little about health in that meeting, feel sometimes that we are missing a trick here - could be greater level of interaction as encompasses range of east Salford areas.
FS	Yes, we can use events like this to feedback & engage - this is what we need to do to help & taking back to the right forums.
PH	If you're the council representative, aren't you going to do that?
FS	Yes, it is about holding your council accountable.

Guest C	
Robert Hincks - Health Improvement Service (full service overview inserted at end of document)	
Health Improvement Service - Salford East is our area & very diverse community. We look at how we can improve community health & wellbeing, not medical but looking at what activities we can put on. We run Weigh Ahead - weight management programme, Keeping Well - positive aspects of self-care to improve MH, Red Pepper Programme - family WM programme. We produce a timetable every ¼. Broughton in last ¼ emerging from C19 & hit with cost of living - looking at needs of community - for example Cooking on a Budget, looking at how you can reduce costs & diet is still nutritious & keeping healthy, bringing communities together & sharing their tips also. Ran Thrifty Plates course & on second week users were provided with a slow cooker to reduce costs. Bike rides, walks for wellness, creative writing. Just started at Broughton hub - Broughton art group. My role in community development is to support community with what they want to achieve.	
PH	I have worked with Salford Inspiring Communities on Frederick Road - they get an awful lot of knowledge out & I believe are funded by council.
RH	We link in with other groups & partnership with health improvement.
ND	Can you tell me has this taken over from CHIMP organisation?
NS	CHAP?
FS	Yes, this is our bus - been off for a year as we have had a shortage of drivers. Lot of resources run by voluntary sector. We can signpost to relevant service - even council services. Want to keep it hyperlocal. Even if you go to GP or Robert can link you to support services.
LE	I'm involved with group for visual impairment & I have been asked to take over - they do need to be constituted - this is problem I'm struggling with - would be great if we could figure out how to keep this group going. Shame to see it go because not a lot in area for visually impaired people.

DF - Would like to thank all of our speakers this evening, tremendous how they have put together an overview which is so inclusive with such a vague brief from myself.

General Updates

Dr Farooq Clinical Director of PCN

PCN introduced - want PCN where practices can come together & share resources - resulted based on patient choice - that is how this was established in England.

Our population is approximately 55,000 including Blackfriars, LBHC, NGMP, Dr Davis, Limefield, Willow Tree, Mocha Parade & Care Homes Practice. Different practices with different populations & different demands. Different cultural requirements & religious requirements. Need to carefully consider what services to introduce. Care homes practice has registered patients from all practices in Salford. Carlie Gardener is also a Clinical director and we share responsibility, Kingsley Dike is our PCN Manager and David Flinn/Debbie Regan are our Operational Managers.

Aim is to reduce health inequalities by practices working together, increase cancer awareness, improve cervical smear uptake and lipid project.

We have introduced enhanced access where surgeries are open until 8pm & weekends - GP, b/t's, smears - patients can now book appointments OOH's - delivering across x3 sites BF/LBHC/NGMP - had funding for winter pressures & was out into practices to help with access.

MSK FCP - you can be booked directly with MSK specialist.

Pharmacists working within practices to help with medications.

Access has been an issue, but we are working hard to improve this & providing appropriate access. Male GP's, female GP's, practice nurses and HCA's all working together to improve access.

In England GP practices only get 10% of funding from NHS but do 90% of the work. We as practices employ our own staff & are responsible for wages, bills etc.

Seats are empty for GP training - unable to recruit into GP programme.

We don't have enough GP's so we have to share workload with other professionals.

Better work/life balance in other countries - GP's are leaving.

Moving forward is about care navigation & recognising GP is not always the one to help.

PH	A lot of older people? Sounds like we are the problem for living longer.
BF	Shows healthcare system is working. Elderly population is not a problem, good sign because I want to live older but we need resources to be able to do it.
PH	You said 'Older people' & that is the message that comes across.
BF	That is just a fact people are living longer.
ND	Inner city areas are less attractive to newly qualified GP's - who wants to come & work in Salford!
DF	I think yes there are certain parts of inner cities that are unattractive, in working with other practices we have to use other ways to make attractive to people.
FS	If you work in community - do we have something more specific regarding what different professionals can do - need to get message out to people, must be certain conditions relevant for PA's etc. so we can separate different roles.
AD	Sounds like we should get bus out again & go to different practices to promote services - people are intrigued to see what is going on - could have a light up message board that tells you what is going on.
FS	Multitude of things to support engagement.

AD	We are implementing things really well at LBHC.
LE	I've had a lot of interaction with pharmacy team here, no complaints they are just as knowledgeable & helpful.
DG	All well & good but if you don't go often you don't know what's around. I had no idea there was a physio or care home practice, I'm on PPG but had no idea of these services, old fashioned ways of communicating have gone out the window & it's finding all the different ways to promote to know what Salford can offer, I had no idea.
DF	KD & DF are looking at a website for Broughton PCN in process, will be up & running soon. Including patient experience, explanation of EA hours, range of clinical professionals. If you are ringing you have opportunity to ask is there anything under enhanced access maybe at different site. IT development - know IT isn't for everybody but we do need to evolve, looking at website, Instagram, snapchat etc. and certainly with website we will link in other services, will come into place over next few months.
NS	Lots of support locally regarding IT - trying to ensure inclusive within the city, if anyone wants support regarding access to digital platforms speak to community connectors, we can provide support training.
PH	Biggest worry is that people are going to get scammed.
AD	Can you advise patients re: this - we are connecting into enhanced access also.
DG	System we have at Newbury to ask ?'s etc. are these services available at other Broughton practices? Really useful.
DF	Yes, most things are mirrored across practices.

A.O.B.	
PH	What happened to getting Andy Burnham in?
DF	Sorry epic fail!
DF	Seems that numbers may have been restricted this eve, but think has been useful & interesting series of conversations. Are people comfortable with this PCN meeting & would we like it to continue? Good that we can talk about things on a wider level.
ALL	Yes, we would like to continue.
DF	Thank you to guest speakers & patients taking the time to come & contribute to meeting.

Salford Health Improvement Service (HIS) is a city wide Council organisation consisting of 8 neighbourhood teams plus a central and management team. Its primary focus is on engaging with Salford residents' to improve their health and wellbeing through the provision of meaningful, quality activities that are free to participants. These aim to increase physical activity, address low mood/confidence/mental health issues and so reduce those barriers preventing residents making informed decisions regarding their health and wellbeing and so increase independence and boost confidence. Another important aim of HIS activities is to reduce social isolation so the majority of activities have a social context.

Salford Health Improvement is a responsive service which takes its cues from residents regarding key, longstanding issues affecting their health and wellbeing. In addition, HIS is mindful that circumstances, both local and national, can change. Covid and the cost-of-living crisis have and continue to represent challenges to residents with potential adverse effects on their health and wellbeing. HIS has been responsive to this and creatively adapted existing activities to mitigate their impacts. For example, HIS introduced Health Improvement Connect during lockdown, moving many activities online so residents could still engage and so reduce the effects of enforced social isolation. Online options for some activities remain available reflecting the wishes/needs of some residents.

HIS are very flexible about providing activities. Examples of core activities include health walks/walk for wellness, exercise/keep fit classes, bike rides and cooking on a budget which can run over 4 to 6 weeks or be ongoing. More formalised activities are available such as *Weigh Ahead* - an adult weight support activity; *Keeping Well* - exploring coping strategies for positive mental health; *Red Pepper* - providing family weigh management support. HIS also facilitates arts/craft sessions plus more niche activities such as creative writing that have proved beneficial for participants' mental health. New activities saw cooking on a budget adapted into an activity called *Sustainable Lifestyles* discussing and preparing plant-based meals, reducing landfill and how we can extend recycling beyond traditional materials and so reduce costs. Additionally, health walks have been 'themed' such as to include a local history or photography element which adds interest and value for participants. Since the pandemic a Long Covid support group has been running and menopause support activities have also been implemented.

HIS also offers one-to-one support. These include a Stop Smoking service, referrals coming from the hospital and GPs, but participants can also self-refer by ringing HIS's 0800 number or going online. There is also a Sleep Well clinic which residents can also access in the same way as stop smoking and get support if they are experiencing disturbed sleep patterns. There is also Community-Led support which helps residents who may be struggling to cope due to long-term physical, mental and emotional health issues and require additional support. These are referred into HIS.

HIS works closely with partners across the city such as GPs, the hospital plus other health and wellbeing organisations, schools, youth clubs and community groups. Activities are always accessible and open to all. To this end HIS uses community centres, hubs and churches as venues, for example.

HIS strive to ensure the community and the distinct communities found within it - of which Broughton is home to many - is well served. As well as delivery of health and wellbeing activities, another key HIS activity is community development. In many ways, a healthy community could be described and measured by the groups active within it and the networks they belong to and access. HIS's Community Development Workers (CDW) support groups in many different ways. For example, helping them to identify and implement development goals, sourcing funding, providing volunteer support, identifying beneficial forums and networks they could plug into plus helping them to formulate policies and procedures that maintain safe, open environments. CDWs are keen to see groups become independent with participants' increased confidence in skills seeing them active in decision making as to which direction a group should go that best serves the group and its community. For example, a CDW will support a group if they wish to have a more formal structure - helping the group formulate a constitution with an elected Chair, Treasurer and Secretary. This will enable them to apply for more substantial pots of money, potentially increase their range of activities and the respective quality of what they can offer the community.

Robert Calvin Hincks

Senior Community Health Development Worker (Salford East)
Broughton Hub