

Hebden Bridge Group Practice- Patient Reference Group Meeting 11.01.2023

Present	Richard Woodcock (RW) (chair), Barbara Atack (BA), Tony Brooke-Taylor (TBT), Jenny Shepherd (JS), Martin McGroarty (MMC), Stella Henderson (SH), Bernie Folan (BF), Gwen Ellis (GE), Rosie Duke (RD), Andy Knudsen (AK) (minutes).		
Apologies	Ken Collins, Sue Fenton, Sam Moore		
Minutes	<u>Minutes of the previous meeting held</u> <ul style="list-style-type: none"> - The group expressed thanks to Izzy O’Keefe for taking and producing the minutes of previous meetings. - A number of clarifications to October and November minutes were suggested and have been adopted. 		
Actions	<u>Actions carried forward from previous meetings</u> <ul style="list-style-type: none"> - Upload minutes from previous meetings to the website AK - Create infographic around Enhanced Access AK - Update Practice Booklet AK/RD - Circulate PPG contacts list RW 		
		Action By	Date By
Agenda Items	<p>Matters arising</p> <p>Safe Surgeries</p> <ul style="list-style-type: none"> - JS asked about the Safe Surgeries guidance that guarantees access to care for all patients. RD outlined how we provide care for all patients, including patients of no fixed address. - Action: Add Safe Surgeries information to the website. <p>PPG Meeting times</p> <ul style="list-style-type: none"> - The group discussed being flexible around the times of the PPG meetings. - Action: Make contact with working members of the group to find out if they want this flexibility to enable them to attend. - Action: Add PPG email address to Facebook page. 	<p>RD/AK</p> <p>RW</p> <p>AK</p>	

	<p>Prescribing medication</p> <ul style="list-style-type: none"> - RW raised a question about prescribing medication of different brands following an email from Sam Moore (PPG). - RD detailed the prescribing process and how pharmacists are bound by what's in the script. - Patients who are sensitive to inactive ingredients of certain brands can specify this and it can be added to their notes. <p>PCN Pharmacy Team</p> <ul style="list-style-type: none"> - RW asked how the new Pharmacy Team are setting in. - RD outlined the role of the team, the positive impact the team is already having and challenges facing the team in taking over our prescribing service. - Action: Add this as a regular agenda item <p>Hebden Bridge Pharmacies</p> <ul style="list-style-type: none"> - The group discussed the ongoing impact of the closure of Boots on Valley Road. - RD outlined the content of the Pharmaceutical Needs Assessment and how HBGP fed into that. - Action: Write to the CEO of Boots and copy in the Pharmacy Commissioning Team. <p>Direct phone line into the surgery</p> <ul style="list-style-type: none"> - MM outlined a recent situation where a paramedic from the Acute Visiting Service (AVS) had to call our main number to speak to the surgery. - Action: inform the AVS Manager to let all paramedics know our direct line number. <p>Practice Update</p> <ul style="list-style-type: none"> - There are currently a number of pressures currently facing the NHS. - Primary care across Calderdale is at red alert because of winter pressures and the strep A outbreak. - Demand for and delivery of GP appointments is at its highest level ever. - The demand for urgent care is having an impact on routine care. - Hospitals have declared a red alert and have notified us that we can not admit patients except for life saving care and NHS 111 is stretched. - We are continuing to deliver acute care and trying to operate within BMA guidelines to balance protecting workforce with enabling as much patient access as possible. 	<p>AK</p> <p>RW</p> <p>RD</p>	
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	<ul style="list-style-type: none"> - RD outlined our Enhanced Access delivery, out of hours and weekend appointments. - These offer more routine care. - This is going well and we are now able to take bloods on Saturdays. - The food bank is going well and growing in popularity. - The move to put more staff on the phones between 8 and 9am to ease patient waiting times is having a positive impact. 		
Any other Business	Questions from Hebden Bridge Disability Access Forum (HBDAF) – see Appendix 1		
Date of Next Meeting	8 March 2023		

Appendix 1 - Questions from Hebden Bridge Disability Access Forum (HBDAF)

1. Some people who are Deaf, disabled or neurodivergent cannot use the standard telephone route to access routine or urgent healthcare. How does the practice identify and address these access barriers?

- We recognise that patients will have different needs in terms of access.
- As such, we have a number of different methods for accessing the surgery which are open to all patients:
 - Attending in person
 - Telephone
 - Via letter
 - Online
 - Submitting medical problems through Engage Consult.
 - Maintaining details, booking appointments and requesting prescriptions through SystemOnline.
- We are always open to patient needs and are happy to respond to individual patient needs to support their access.

2. How does the Practice work with patients to make reasonable adjustments to ensure that everyone can access services on an equal basis?

- We have a provision with a wide variety of routes into us (as described above).
- We also have a system which we use to code additional patient needs, which informs clinicians about how best to communicate with patients and provides additional information to consented carers/family members where appropriate.
- We are able to communicate back out in a number of different ways (including email, text message and video conferencing).
- As mentioned above, where we are aware of specific patient needs, we are happy to work with individual patients wherever possible.
- We would be happy to meet with HBDAF to find out how we can support.

3. Engage Consult online system:

- **Which staff deal with online consultations? Are they "highly trained care-navigators" as described by Dr Taylor in a previous meeting with Hebden Royd councillors?**
 - There are two avenues into Engage Consult: clinical and non clinical.
 - Non clinical matters (such as change of details or requests to access information) are dealt with by members of our Patient Services and Admin Teams.

- Clinical matters are dealt with by our Clinicians. These are the same clinicians who deal with all clinical patient problems and patients can expect the same level of care and service as they can through any other means.

- **When people use Engage consult, does the Practice treat them equally to those who phone in for urgent conditions?**
 - Patients who use Engage Consult can expect the same level of service as patients who access the surgery through other routes.
 - Patients who use Engage Consult are treated equally to patients who contact the surgery through other means, in that every problem is looked at and every effort is made to provide patients with a same day response where requires, but this is not always possible, as is the same with patients who come to us through other avenues of contact.

- **How does the Engage Consult prioritise urgent cases?**
 - If a clinician recognises that a patient's problem requires urgent attention, they will prioritise this in the same way as with other methods of communication.
 - A clinician may:
 - Reply via the secure 2 way messaging system
 - Telephone the patient if appropriate
 - Direct the patient to another local service or dispensary
 - Prescribe medication or treatment
 - Suggest the patient attends the surgery.
 - If the patient is unable to access the surgery, a home visit can be arranged if deemed necessary.
 - Suggest the patient attends A&E.
 - If the patient is unable to access A&E, the clinician will suggest the patient calls 999.